STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

REGREEN FROM

Registré, Inc.

514 PIERCE ST.

P.O. BOX 218

ANOKA, MN, 55303

(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT if	s presented to a Filing Officer for ommercial Code
First Federal Sa 1630 4th Avenue Bessemer, Alaban Pre-paid Acct. #	North na 35020 (Last Name First if a Person) ng, Inc. 35115	THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office	Thet # 1994-16726 105/24/1994-16726 10:58 AM CERTIFIE WEIN ON M. WARTE
Social Security/Tax ID #		FiLEO WITH:	- -
☐ Additional debtors on attached UCC-E			
First Federal Sa 1630 4th Avenue Bessemer, Alabar	avings Bank North	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
Social Security/Tax ID #			٠.
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing S	//////////////////////////////////////	1994-06443 IABAMA Date Filed 2	<u>- 28 19 94</u>
8. Partial or The Secured Party's right und property described in item 11 Assignment, whose name and address apply 9. Amendment Financing statement bearing.	ns a security interest under the financing stater der the financing statement bearing file number or to all of the property listed on this file, is ass	ment bearing the file number shown above. shown above to the igned to the assignee th in item 11.	till effective.
LOAN PAID IN FUL	L.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Obsale V if agreement T Browning of Original Co.			
Check X if covered: Products of Collateral a	re arso covered.	· - · · · · · · · · · · · · · · · ·	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(in	VINGS BANK
Signature(s) of Debtor(s) (necessary only if its	em 9 is applicable)	Signature(s) of Secure Party(i	
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) F	IUNG OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual of Sus	RD FORM LIGHTRANGE CLACKER TORM UCC.
\ (ILE COPY - SECURED	(5) FILE COPY DEBTOR(S)	Approved by The Secretary of State of Alabama