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.

RECROER FROM
Registre, Inc.
\$14 PIERCE ST.
\$,0,80×218
ANOKA, MN. 55303
6121 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 is pre-	esented to a Filing Officer for nercial Code.	<u></u>
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
R.H. WALSTON P.O. BOX 830642 BIRMINGHAM, AL 35283				18 TED
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Pre-paid Acct. #			ų,	CERTINATION OF THE PRINCE OF T
CAHABA VALLEY BUSINESS 1 119 HILLSDALE ROAD BIRMINGHAM, AL 35213	PARK		4 199	28/199 2 AA C
Social Security/Tax ID #	(Last Name First if a Person)		ů,	200
2A. Name and Address of Debtor (IF ANY)				.4
Social Security / Tax ID #		FILED WITH:		· · · · · · · · · · · · · · · · · · ·
☐ Additional debtors on attached UCC-E		JUDGE OF PROBATE OF	F SHELBY COUN'	I'Y
3. NAME AND ADDRESS OF SECURED PARTY) (Last	t Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last I	Name First if a Person)
THE INDUSTRIAL DEVELOPM THE TOWN OF PELHAM CITY HALL PELHAM, AL 35124 Social Security? Tax ID *	ENT BOARD OF	BIRMINGHAM, AL 352 UNDER A MTG. AND FROM THE SECURED	IND., DATED 1	
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statem		Date Filed 12/15	19 91	
6. Continuation. The original financing statement be 7. Termination. Secured Party no longer claims a 8 Partial or The Secured Party's right under the property described in Item 11 or to 4 Assignment. Whose name and address appears 9. Amendment Financing statement bearing file numbers.	etween the foregoing Debtor and Secured security interest under the financing statement bearing file number all of the property listed on this file, is assi	then the state of the state of the state of the state of the second state of the secon	effective	
11.			Baci Best Coll	or Code(s) From k of Form That t Describes The ateral Covered This Filling:
			<u> </u>	
Check X if covered: Products of Collateral are als	o covered.	Denne de la constante		
		CALLES LILLA		
Signature(s) of Deptor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	MICHAEL R WASHB Signature(s) of Secured Party(ies) FIRST COMMERCIAL Type Name of Individual or Busine	BANK	

(2) FILING OFFICER COPY - NUMERICAL