00402

## 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.

REORDER FROM
Registre, Inc.
514 MERCE ST.
P.O. 80 X 218
ANOKA, MN, 56303
(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 is presented to a Filling Officer for filling pursuant to the Uniform Commercial Code.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
SECURITY PACIFIC HOUSE A DIVISION OF BANK OF P.O. BOX 385000 BIRMINGHAM, ALABAMA  Pre-paid Acct *  Name and Address of Debtor  MCLAULIN, BIBBIE J LOT 195 GREEN PARK SOT PELHAM, AL 35124  Social Security/TaxiD *  A Name and Address of Debtor (F AN)  MCLAUGHLIN, ALLEN W.	AMERICA FSB 35238-5000 (Last Name First if a Person)	#EMPHRENCERTIFIED
LOT 195 GREEN PARK SO	UTH	# <u>an</u> ;
PELHAM, AL 35124		
Social Security/Tax ID #		FILED WITH:
Additional debtors on attached UCC-E		
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person
7. Twemination. Secured Party no longer claims	it between the foregoing Debtor and Secured a security interest under the financing statem	Date Filed OCT 4 19 90  Party, bearing file number shown above, is still effective. sent bearing the file number shown above.
8. Partial or The Secured Party's right under property described in Item 11 or Assignment, whose name and address appears of Amendment Financing statement bearing file. Partial Secured Party releases the coll Release number shown above.	er the financing statement bearing file number or to all of the property listed on this file, is assi	shown above to the grange of the designed to the designed to the designed the stem 11.
13.	4 11 04	11A. Enter Code(s) From
ACCOUNT PAID IN FULL 4-11-94 ACCOUNT NUMBER 05320005271		Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are also covered.		
Signature(s) of Debtor(s)	······································	Signature(s) of Secured Perty(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Performance  JEFFERSON FEDERAL SAVINGS & LOAN ASSOC.
Type Name of Individual or Business		Type Name of Individual or Business