## 57999 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

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

	and the state of t	5-2-4-2-5-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pre- filing pursuant to the Uniform Comme	sented to a Filing Office ergial Code.	er for
as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to	Sileets Flesemed.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		-
National Filing Se 2 Corporate Place 1501 42nd Street West Des Moines I  Pre-paid Acct. #  Name and Address of Debtor LEIGH, GEORGE M RT 4 BOX 1580 LOT 2 ALABASTER AL 35007	Suite 210		Inst * 1994-34101	11/15/1994-34101 01=30 PH CERTIFIES SELBY COUNTY JUNEE OF PROBATE SELBY COUNTY JUNEE OF PROBATE OF INC. 180
Social Security/Tax ID #	(Last Name First if a Person)	_		
		EU ED MUTEL	<u></u>	
Social Security/Tax ID #		FILED WITH:		•
<ul> <li>□ Additional debtors on attached UCC-E</li> <li>3. NAME AND ADDRESS OF SECURED PARTY) (Last</li> </ul>	Name Circlif a Coroon)	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
JOHN DEERE CO PO BOX 65090 W DES MOINES IA 5026  Social Security/Tax ID #	55			
☐ Additional secured parties on attached UCC-E			<u> </u>	
5.  This statement refers to original Financing Statement SHELB	gent bearing File No.	021528	Яu	
Filed with		Date Filed		
8. Partial or The Secured Party's right under the Full property described in item 11 or to Assignment, whose name and address appears 9 Amendment Financing statement bearing file n	security interest under the financing state ne financing statement bearing file number o all of the property listed on this file, is as	ement bearing the file number shown above.  Er shown above to the signed to the assignee orth in item 11.	ffective.	
10-001-001-0-419726	008-00	1 D D	11A	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are all	so covered.			
Cianaturale) of Debtock)	- 	Signature(s) of Secured Party(ies)	4 Llende	s-clut
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  Signature(s) of Secured Party(ies)  Signature(s) of Secured Party(ies)  Signature(s) of Secured Party(ies)  Type Name of Individual or Business  Type Name of Individual or Business				clerk
Type Name of Individual or Business	OFFICER CORY ACKNOW! EDGEMENT	Type Name of Individual or Busine	988	MERCIAL CODE — FORM UCC-3