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

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres	ented to a Filing Officer for retail Code
Return copy or recorded original to	GHOOD FIGOURGO.	THIS SPACE FOR USE OF FILING OFFICER	
ODOUDINU DIOTOTO HOMOTNO (		Date, Time, Number & Filing Office	~ <b>★</b> □ □
SECURITY PACIFIC HOUSING S	<u>-</u>		関 に に と に と に と に と に と に と に と に と に と
A DIVISION OF BANK OF AMERICA FSB			
P.O. BOX 385000 '		; [ 	1 755
BIRMINGHAM, ALABAMA 35238-5000			20 英语
Pre-paid Acct. #	·		7 发 美
Name and Address of Debtor	(Last Name First if a Person)		*
MCKINNEY, DONNA			A N O Z S
P O BOX 1389			<b>2</b>
PELHAM, AL 35124			મેં ન તાં જ
•			
			•
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY	(Last Name First if a Person)		
MCKINNEY, GLENN SCOTT			
P O BOX 1389			
PELHAM, AL 35124			
I Hilliam 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
Social Security/Tax ID #			
Additional secured parties on attached UCC-E		<u>-                                    </u>	
5. This statement refers to original Financing Sta	tement bearing File No. <u>-09367</u>	<u> </u>	<u> </u>
Filed withSHELBY			<del>26-92</del> <sup>19</sup>
7. **Tex**nination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears of the Party's right under property described in item 11 or Assignment. Whose name and address appears of the Party no longer claims  The Secured Party no longer claims	a security interest under the financing staten rithe financing statement bearing file number rito all of the property listed on this file, is ass	shown above to the igned to the assignee thin item 11.	
11.			
			11A. Enter Code(s) From Back of Form That
ACCOUNT PAID IN FULL 11-22	2-94		Best Describes The Collateral Covered
ACCOUNT NUMBER 0531500144			By This Filing:
			<del></del>
Check X if covered: Products of Collateral are	also covered		<u></u>
	·		<u> </u>
Signature(s) of Debtor(s)		Signat(075(s) of Secured Party(les)	<i>(1)</i>
Signature(s) of Debtor(s) (necessary only if item	n 9 is applicable)	Signature(s) of Secured Party(ies)	<u></u>
orginatories or bootories (necessary orny in item		TEFFERSON FEDERAL Type Name of Individual or Business	SVING & LOAN
Type Name of Individual or Business			DRM LINIFORM COMMERCIAL CODE FORM UCC-3