## 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 presented to a filing pursuant to the Uniform Commercial Code	Filing Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	<b>_</b>
MAGNOLIA FEDERAL	BANK FOR SAVING	3	Ş
P.O.BOX 18589			<del>5</del>
HATTIESBURG, MS.	3403-1858		
			COUNTY
			_ 61 ம் ம
Pre-paid Acct. #			
2. Name and Address of Debtor	(Last Name First if a Person)		
COLLINS, CLARENCE	ES.		
RT. 4, BOX 1172			995- CER SER
ALABASTER, AL. 35007			08
			でのとを言う
Social Security/Tax ID #	(Last Name First if a Person)		老 ファガ
A. Name and Address of Debtor (5 Art)	(Canada )		20 CO S
	:		
			····
Social Security/Tax ID #	<del></del>	FILED WITH:	V
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)
HATTIESBURG, MS.  Social Security/Tax ID #  Additional secured parties on attached UCC-E			
		# 1000 110F1	
5. This statement refers to original Financing Statement.		# 1992-11851 Date Filed6_22	19
	<del> </del>	arty, bearing file number shown above, is still effective.	<u> </u>
7. Termination. Secured Party no longer claims a s 8. Partial or The Secured Party's right under th Pull property described in item 11 or to Assignment. whose name and address appears 9. Amendment Financing statement bearing file or	security interest under the financing statement e financing statement bearing file number sh all of the property listed on this file, is assign	nt bearing the file number shown above.  nown above to the ned to the assignee in item 11.	
11.			144 Estes Cadole) Sec-
			11A. Enter Code(s) From Back of Form That Best Describes The
			Collateral Covered By This Filing:
			<u> </u>
#87-69151523			<u> </u>
P.O. 12-5-1994			
			<u>,</u>
Check X if covered: Products of Collateral are als	so covered.		
	•		11
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Type Name of Individual or Business	JEODIA COMMERCIAL CODE FORM LICC-