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	No. of Additional Sheets Presented:	This FINANCING STATEMENT is prefiting pursuant to the Uniform Comm	esented to a Filing Office nercial Code	** tor
as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	Gilbets Presented.	THIS SPACE FOR USE OF FILING OFFICER		
MAGNOLIA FEDERAL I	BANK FOR SAVINGS	Date, Time, Number & Filing Office		a
P.O.BOX 1858 HATTIESBURG, MS.	39403-1858		8388	TITIES OF STREET
Pre-paid Acct. #	Mark			1 22 23
2. Name and Address of Debtor	(Last Name First if a Person)		596	100 TES
MCCARTER, DAISY RT. 2, BOX 308 ALABASTER, AL. 35	007		**	04/03/ 11:24 A
Social Security/Tax ID #			Ä	~
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			
MCCARTER, WILLIAM SAME AS ABOVE			•	
Social Security/Tax ID #		FILED WITH:		<u> </u>
☐ Additional debtors on attached UCC-E				
MAGNOLIA FEDERAL P.O. BOX 1858 HATTIESBURG, MS.	BANK FOR SAVINGS	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (L	ast Name First if a Person)
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statement bearing File No. Filed with SHELBY CO. JUNGSOF PROBATE		# 1993-04449 Bate Filed 2 16 19 93		
☐ 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 statem he financing statement bearing file number all of the property listed on this file, is assi	nent bearing the file number shown above. shown above to the gned to the assignee the item 11.	effective.	
			•	Enter Code(s) From Back of Form That Bast Describes The Collateral Covered By This Filing:
	•			
# 87-69151686 P.O. 3-15-1995	•		•	
Check X if covered: Products of Compare are st	90 COMPANIA.	· //		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signatura of Secured Herry (1987)	2011	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies) Type Name of Individual or Busine		
Type Name of Individual or Business				MEDCIAL CODE - FORM LICC-3