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.

REGROER FROM
Registre, Inc.
514 PERCE ST.
P.O. BOX 218
ANOKA, MN. 56303

☐ 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 fiting pursuant to the Uniform Commercial C	to a Filing Officer for code.
Return copy or recorded original to	1	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
MAGNOLIA FEDERAL BANK FOR	SAVINGS		-: -:
P. O. BOX 1858	OTTA TWOD		
HATTIESBURG, MS 39401		_	
	•		
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		
CHARLES L. OAKS			4 4 2 8
4325 HWY 62	·		7 2 3
VINCENT, AL 35178	•		
Social Security/Tax ID # 2A. Name and Address of Debtor ((F ANY)	(Last Name First if a Person)		_
ZA. Natité and Address di Debioi (ir 2011)	(Leave Leaving Villaria de Caracity)		
	•		No. 1
SHARRON K. OAKS			
4325 HWY 62	•		
VINCENT, AL 35178	·	•	
Social Security/Tax ID #	<u> </u>	FILED WITH:	
☐ Additional debtors on attached UCC-E	•		
3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF A	(Last Name First if a Person)
MAGNOLIA FEDERAL BANK FOR	SAVINGS		
P. O. BOX 1858			
HATTIESBURG, MS 39401			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E	<u></u>	1994- 28132	
5. This statement refers to original Financing Statem			<u> </u>
Filed with Judge of Probate 6. Continuation. The original financing statement be			
7. Termination. 8. Partial or The Secured Party's right under the property described in item 11 or to whose name and address appears 9. Amendment Financing statement bearing file number shown above.	ecurity interest under the financing staten a financing statement bearing file number all of the property listed on this file, is ass	nent bearing the file number shown above. shown above to the igned to the assignee th in item 11.	
11.	•	87 ² 39154203	. 11A. Enter Code(s) From
	• •	P/O 4-17-95	Back of Form That Best Describes The Collateral Covered By This Filing:
	•		——————————————————————————————————————
	•	•	
		; ,	
Check X if covered: Products of Collateral are als	o covered.	^ -	
	· · · · · · · · · · · · · · · · · · ·	MAGNOTIA FEDERAL BA	NR
Signature(s) of Debtor(s)	•	Signatures) of Struged Party(let)	
Signature(s) of Debtor(s) (necessary only if item 9 i	is applicab le)	Signature(s) of Secured Party(ies) BR	ENDA GOFT, ASST VP
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Business	