## 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
Registre, Inc.
\$14 MERCE 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<br>Sheets Presented:   | This FINANCING STATEMENT is presented to a Filin filing pursuant to the Uniform Commercial Code  | ng Officer for  |
|---|--|--|---|
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  | <u> </u>  |
| MAGNOLIA FEDERAL BANK FOR SAVINGS<br>ATTN: DEBRA SPEAGLE<br>P. O. BOX 18001<br>HATTIESBURG, MS 39404-8001   |  |  |   |
| Pre-paid Acct. #  | No.  | in the second se | W H E S   |
| 2. Name and Address of Debtor  BEARD, WALTER B.  ROUTE 2, BOX 229  MAYLENE AL 35115  Social Security/Tax ID #   | (Last Name First if a Person)  (Last Name First if a Person)   |  | TO: OE AN CERT  |
|   |  |  | ;   |
| Social Security/Tax ID #  |  | FILED WITH:  |   |
| Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (L  |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY)  | (Last Name First if a Person)                                 |
| MAGNOLIA FEDERAL BANK P. O. BOX 1858 HATTIESBURG, MS 39403 Social Security/Tax ID Additional secured parties on attached UCC-E  |  |  |   |
|   | 1002 0010  | ·  |   |
| 5. This statement refers to original Financing States Filed with SHELBY COUNTY KK   |  | AL Date Filed 5=21=92 1  | 19  |
| 7. Termination. 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 9. Amendment Financing statement bearing file | a security interest under the financing statemer<br>the financing statement bearing file number sl<br>to all of the property listed on this file, is assig | ned to the assignee in item 11.  | 11A. Enter Code(s) From                                       |
|   |  |  | Back of Form That<br>Best Describes The<br>Collateral Covered |
| 87-69150825   | •  | •  | By This Filing:   |
| P/O 5-8-95  | •  |  |   |
| Check X if covered:   Products of Collateral are a  | aiso covered.  | MAGNOLIA FEDERAA BANK FOR  | SAVINGS   |
| 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)  BRENDA GOFF, ASSISTANT VICE PRESIDENT  |   |
| Type Name of Individual or Business   |  | Type Name of Individual or Business /ds  |   |
| 1.  | IG OFFICER COPY-ACKNOWLEDGEMENT<br>COPY - SECURED  | STANDARD FORM — UNIFOR (5) FILE COPY DEBTOR(S)  Approved by The 5  | M COMMERCIAL CODE FORM UCC-3 Secretary of State of Alabama    |