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 Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to	Onocio i Todonica.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. #		
2. Name and Address of Debtor PRESTON, KATHRYN	(Last Name First if a Person)	4 4 1 2 -
141 BENTLEY CIRCLE		
SHELBY, AL 35143		
Social Security/Tax ID #		
2A. Name and Address of Debtor	(IF ANY) (Last Name First if a Person)	T COMES S
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Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	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 ANY) (Last Name First if a Person)
PHOENIX FINANCIAL SERVICE, INC.		FIRST FAMILY FINANCIAL SERVICES
100 CHASE PARK SC		4362 PEACHTREE ROAD
BIRMINGHAM, AL 35	DZ44	ATLANTA, GA 30319
Social Security/Tax ID #		
Additional secured parties on attached	1 UCC-E	1000 01 102
5. This statement refers to original Fire	nancing Statement bearing File No.	1995-00175
Filed with	IM COUNTY	Date Filed
7. C Termination. Secured Party no lo	ng statement between the foregoing Debtor and Secured onger claims a security interest under the financing statem	
	's right under the financing statement bearing file number in item 11 or to all of the property listed on this file, is assi	
Assignment whose name and ac	ddress appears in item 4.	
10. Partial Secured Party relea	it bearing file number shown above is amended as set for ases the collateral described in item 11 from the financing	
Release number shown above 11.	ve.	······································
	•	مُّرُّ 11A. Enter Code(s) From
	•	Back of Form That Best Describes The
		Collateral Covered By This Filing:
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	e e	
		
	•	
Check X if covered: Products of Co	ollateral are also covered.	
		Carco Updresorth
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary	y only if item 9 is applicable)	Signature(s) of Secured Party(ies)
		PHOENIX FINANCIAL SERVICE, INC.
Type Name of Individual or Busines	SS	Type Name of Individual or Business