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.
Stamence et
P.O. BUX 216
ANOKA, MN. 55303

Approved by The Secretary of State of Alabama

☐ 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		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
BANKAMERICA HOUS A DIVISION OF BA P.O. BOX 385000 BIRMINGHAM, AL 3	NK OF AMERICA FSB	
Pre-paid Acct. #	<u> </u>	这 古 出皇
CALLUPS, STEPHEN 420 COUNTY RD. 5 WILSONVILLE, AL 35186 Social Security/Tax ID #		# 1995-205 01/1995-205 9 PM CERTIF 9 PM CERTIF 901 MG
A. Name and Address of Debtor (IF A)	(Last Name First if a Person)	Inst. 108/0
		FILED WITH:
Social Security / Tax ID #		
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)
Social Security/Tax ID # Additional secured parties on attached UCC-E	· · · · · · · · · · · · · · · · · · ·	
5. This statement refers to original Financing S Filed with SHELBY COU		7 Date Filed 01-12-90 19
7. Telegraph Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11 Assignment. whose name and address app. 9. Amendment Financing statement bearing for the secured Party no longer claim.	ns a security interest under the financing stateme der the tinencing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the gned to the assignee the in item 11.
ACCOUNT # 532000	4936	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
ACCOUNT PAID IN	FULL 07-18-95	
•		· ——— ————————————————————————————————
	•	· · ——— ——————————————————————————————
Check X if covered: Products of Collateral as	rė also covered.	
· · · · · · · · · · · · · · · · · · ·		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(ies) JEFFERSON FEDERAL SAVINGS & LOAN The Name of Individual of Punisage
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FIR	LING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-

(5) FILE COPY DEBTOR(S)

(2) FILING OFFICER COPY - NUMERICAL .

(4) FILE COPY - SECURED