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. 80 X 218
ANOKA, MN. 55303
(612) 421-1713

Approved by The Secretary of State of Alabama

The Debtor is a tra	ansmitting utility CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented filling pursuant to the Uniform Commercial	d to a Filing Officer f Code.	or
Return copy or re			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		· -
BANKAMI	ERICA HOUSING SE	RVICES,	Date, Time, Noniber & Lining Office		
A DIVIS	SION OF BANK OF	AMERICA, FSB			
P.O. BO	ox 385000				
BIRMINGHAM, AL 35238				ø	のほと
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Pre-paid Acct. #_				4	THE B
2. Name and Address		(Last Name First if a Person)		ល្	るだま
143 DMT11	D331D377			Ϋ́	予 田 麗
MARTIN, RANDALL ROUTE 3 BOX 990				9,	0 03
PELHAM AL 35124				ept.	ゼチ属星
TRUMPER AN JAKA				#	3 8 3
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Social Security / 7	Tax ID #			M	8 : 2
2A. Name and Addres		(Last Name First if a Person)	-	Ä	0 6
					_
MARTIN.	TERRIA				
	В вох 990				
PELHAM	AL 35124				
Social Security/T	Tax ID #		FILED WITH:		
Additional debtors					
3. NAME AND ADD	RESS OF SECURED PARTY) (Last	: Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF	ANY) (Las	st Name First if a Person)
Social Security/1	Tax ID #	<u>. </u>			
LJ Additional secure	d parties on attached UCC-E	021536			
5. Light This statement refers to original Financing Statement bearing File No			Data Filed 11/9/8	00	_
			Date Filed		
	Secured Party no longer claims a significant of the Secured Party's right under the property described in item 11 or to whose name and address appears. Financing statement bearing file no	security interest under the financing statement bearing file number shall of the property listed on this file, is assignable.	shown above to the gned to the assignee in item 11.		
11. ACCOUNT	PAID IN FULL	7/26/95	•		
ACCOUNT	# 530020 6 0			Ba Be Co	iter Code(s) From ick of Form That ist Describes The olfateral Covered This Filing:
				_	
		•	· ·		
				_	
Check X if covere	ed: Deroducts of Collateral are also	o covered.		·	
			_		
Signature(s) of	Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)		<u> </u>
Signature(s) of	Debtor(s) (necessary only if item 9 is	s applicable)	Signature(s) of Socured Party(ies)		
		ppvvvvv)	SECURITY PACIFIC HOUS	ING SERVI	CES
Type Name of (1) FILING OFFICER COPY	Individual or Business Y . At PHARETICAL (3) EULING O	EEICED CORV ACUNOUS ERCENTIS	Type Name of Individual or Business	HMEODAL COAMAC	CIAL CODE - FOOTALION
A LIBRARY OF LICEN COS.	TO A CONTROLL (3) MEING U	FFICER COPY-ACKNOWLEDGEMENT	STANDARD FUHM -	- UNIFURM CUMMER	RCIAL CODE — FORM UCC-:

(5) FILE COPY DEBTOR(S)

(2) FILING OFFICER COPY - NUMERICAL

(4) FILE COPY - SECURED