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.

Registre, Inc 514 Pierce St. P.O. BOX 218 ANOKA, MN, 55303 (612) 421-2713

☐ 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 filling pursuant to the Uniform Commercial Code.	Officer for
Return copy or recorded original to	Sittopio i robbina di	THIS SPACE FOR USE OF FILING OFFICER	
Maxime Kelley		Date, Time, Number & Filing Office	
Kutak Rock			
1650 Farnam Street			0
•		•	ு பெ ய
Omaha			10 H 8 9
NE 68102		9	20 H & S
Pre-paid Acct. #	<u> </u>		면 는 F I
2. Name and Address of Debtor	(Last Name First if a Person	" <u>Ø</u>	20
Sperdee's Realty, Inc.		96	စ္လီပည္
			7 × 6 9
203 East Main Street		*	4 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×
Sportanburg		ده.	in a s
SC 29301	•	T T	0 1 3
		\$ \$\frac{\x}{\x}\$	
Social Security/Tax ID #	(Last Name First if a Person		· o
Ere Helife and Hodrood or Bootot	(
-			
	••		
Social Security/Tax ID #		FILED WITH:	
		Shelby County	
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)
	•	4. ASSIGNEE OF SECONED PARTY (III ART)	(LEGAL PERING I WOUND I GOODS)
The Citizens & Southern National Bank of n/lefe Nationalbank, N.A. (Carolines)			
295 Greystone Sivd.			
Columbia		•	
SC 29210			
Social Security/Tax ID-#.			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing File No. 027230. Filed with Shelby County			
		Date Filed 1/3	91
	tween the foregoing Debtor and Secure	ed Party, bearing file number shown above, is still effective.	<u></u>
7. Termination. Secured Party no longer claims a se	ecurity interest under the financing state	ement bearing the file number shown above.	
· · ·	e financing statement bearing file number all of the property listed on this file, is as		
Assignment. whose name and address appears			
	mber shown above is amended as set f at described in item 11 from the financia		
Release number shown above.	ar addentada ni nam tri mam tira intario		
11.			
			11A. Enter Code(s) From
			Back of Form That Best Describes The
-			Collateral Covered By This Filing:
			000
•			100
			2 0 0
			3 0 0
			
H-6B			, u u
WinUCCIF: 000000002060 Amend#: 0001			* U U — — —
Check X if covered: Products of Collateral are also	covered.		
	-	Minia whents	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	,
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	NATIONOBANG NATIONAS)	
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Business	