## 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<br>Sheets Presented:  | This FINANCING STATEMENT is presented to a Filing filing pursuant to the Uniform Commercial Code.   | Officer for                                  |
|--|---|---|--|
| Return copy or recorded original to  |   | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office   |  |
| TITO COLORED CITAL DANIE   |   |   |  |
| FIRST COMMERCIAL BANK  |   |   | , 😝  |
| POST OFFICE BOX 11746  |   | <u>Q</u>  |  |
| BIRMINGHAM, AL 35202-1746<br>ATTN: Vernora Lee   |   |   |  |
| Alin: vernora Lee  |   | Q   |  |
| Pre-paid Acct. #   |   |   |  |
| 2. Name and Address of Debtor  | (Last Name First if a Person  |   |  |
| DE LA TORRE, KEAT  |   | , in the second | ਰ ਹੈ     |
| 2540 WESTMINSTER CIRCLE  |   |   |  |
| BIRMINGHAM, ALABAMA 35242  |   |   |  |
|  |   |   |  |
| •  | •   |   | ***************************************      |
| Social Security/Tax ID #   | _   |   |  |
| 2A. Name and Address of Debtor (IF ANY)  | (Last Name First if a Person  | n)  | •  |
|  |   |   |  |
| •  |   |   |  |
|  |   |   |  |
|  | · •   |   |  |
|  |   |   |  |
| Social Security/Tax ID #   |   | FILED WITH:   | <u> </u>                                     |
| <u> </u>   |   | ZHKXHXXXXXXXXXX JOH   | P-SHELBY                                     |
| Additional debtors on attached UCC-E   | an Einstif a Dames  | A ACCIONEE OF OCCUPED DARRY ME ANNO   | (Lost Name First if a Darson)                |
| 3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First Commercial Bank   | ie Pirst if a Person)   | 4. ASSIGNEE OF SECURED PARTY (IF ANY)   | (Last Name First if a Person)                |
| P. o. Box 11746  |   |   |  |
| Birmingham, AL 35202-1746  |   |   |  |
| DITHERIGHT IN JJEOU 1740   |   |   |  |
|  |   |   |  |
| Social Security/Tax ID #   |   | <del></del> -   |  |
| Additional secured parties on attached UCC-E   |   |   |  |
| 5. This statement refers to original Financing Statement to  | bearing File No. <u>INSTRUM</u>   | ENT# 1995-17999   |  |
| Filed with Judge of Probate S  |   |   | 95   |
| <ul> <li>6.  Continuation.</li> <li>7.  Termination.</li> <li>8.  Partial or The Secured Party no longer claims a secured Party's right under the final property described in item 11 or to all or Assignment.</li> <li>9.  Amendment Financing statement bearing file number Secured Party releases the collateral denumber shown above.</li> </ul> | rity interest under the financing state<br>ancing statement bearing file numb<br>if the property listed on this file, is a<br>em 4.<br>er shown above is amended as set | tement bearing the file number shown above.  per shown above to the assignee  forth in item 11.   |  |
| 11.  |   |   |  |
|  |   |   | 11A. Enter Code(s) From<br>Back of Form That |
| · ·  |   |   | Best Describes The<br>Collateral Covered     |
|  |   |   | By This Filing:                              |
|  |   |   | <del></del>                                  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   | <del></del>                                  |
|  |   |   |  |
| Check X if covered: Products of Collateral are also cov  | rered.  |   |  |
|  |   | Louise Modern   | 1  |
| Signature(s) of Debtor(s)  |   | Signature(s) of Secured Party(ies)  | <u>r</u>                                     |
|  |   | LOUISE S. WOODARD   |  |
| Signature(s) of Debtor(s) (necessary only if item 9 is app   | x(cable)  | Signature(s) of Secured Party(ies) FIRST_COMMERCIAL_RANK  |  |
| Type Name of Individual or Business  |   | Type Name of Individual or Business   |  |
| (1) FIUNG OFFICER COPY - ALPHABETICAL (3) FILING OFFICE  | ER COPY-ACKNOWLEDGEMENT   |   | COMMERCIAL CODE — FORM UCC-3                 |