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.
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 S	TATEMENT is presented to a Filling Uniform Commercial Code	ing Office	r for
Return copy or recorded original to			THIS SPACE FOR USE OF F Date, Time, Number & Filing	FILING OFFICER Office		
BANKAMERICA HO	DUSTNG SI	ERVICES				
A DIVISION OF						
P.O. BOX 38500						
BIRMINGHAM, AI	35238					
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Pre-paid Acct. #		() Nome Circlii e Perene)	-			_
Name and Address of Debtor		(Last Name First if a Person)			4	Э Ш Ш
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P.O. BOX 1003					8	W I & S
COLUMBIANA, AI	35051	•			i G	
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Social Security/Tax ID #	(îF ANY)	(Last Name First if a Person)			#	ンこうき
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P.O. BOX 1003		·•			jed	구 (j 55
COLUMBIANA, AL	35051					71
Social Security/Tax ID #		_	FILED WITH:	<u></u>		
Additional debtors on attached UCC		· · · · · · · · · · · · · · · · · · ·				
NAME AND ADDRESS OF SECUR		me First if a Person)	4. ASSIGNEE OF SECURE	D PARTY (IF ANY)	(L	ast Name First if a Person)
A DIVISION OF P.O. BOX 3850 BIRMINHGAM, A Social Security/Tax 10 #	00					
Additional secured parties on attach	ned UCC-E					
5. This statement refers to original	Cianada Statement	t bearing File No01965	4 Continued	1993-010	89	
_	COUNTY	t bearing rise No	7	01-12-93	_ 19	
S. Continuation. The original finar	ncing statement between	een the foregoing Debtor and Secured	Party, bearing file number show	wn above, is still effective.		
B. Partial or The Secured Partial or The Secured Partial or The Secured Partial or The Secured Partial or Property described Assignment, whose name and Property described Partial or Prop	rty's right under the fir ed in item 11 or to all I address appears in nent bearing file numb leases the collateral o	urity interest under the financing statem nancing statement bearing file number of the property listed on this file, is assisted 4. ber shown above is amended as set for described in item 11 from the financing	shown above to the igned to the assignee the in item 11.	own above.		
1.					114	Enter Code(s) From
	•				r i M.	Back of Form That Best Describes The
ACCOUNT # 530	01485					Collateral Covered By This Filing:
MCCCONT & 330	01103					
ACCOUNT PAID	IN FULL	09-27-95				
						
Check X if covered: Products o	f Collateral are also c	overed.	· · · · · · · · · · · · · · · · · · ·			
					_	
Signature(s) of Debtor(s)	<u> </u>		Signatures) of Se	ecured Party(ies)		Q= 10 Q=
Pienet vetel of Political Inc.	nggy paly if item O in a	annicable	Signature(s) of S	cured Partylies)) 7 2 7 7 7 7
Signature(s) of Debtor(s) (necess	sary only il item 9 is a	фрисарі в)		PACIFIC HOUS	ING	
Type Name of Individual or Busi			Type Name of Inc	DIAIDRIA OL BRIZILIAZZ		MERCIAL CODE — FORM UCC-3
) FILING OFFICER COPY - ALPHABETICAL THUNG OFFICER COPY - NUMERICAL	(3) FILING OFF (4) FILE COPY	FICER COPY-ACKNOWLEDGEMENT - SECURED	(5) FILE COPY DEBTOR(S)	Approved by Th	ne Secretar	y of State of Alabama

(5) FILE COPY DEBTOR(S)

(4) FILE COPY - SECURED

(2) FILING OFFICER COPY - NUMERICAL