

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

49252

<input type="checkbox"/> 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.
1. Return copy or recorded original to MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; transform: rotate(-45deg);"> Inst # 1995-34740 12/05/1995-34740 12:36 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00 001 HCD </div>
2. Name and Address of Debtor (Last Name First if a Person) ALVERSON, JAMES C P. O. BOX 3 SAGINAW, AL 35137-0003 Social Security/Tax ID # _____		FILED WITH:
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) ALVERSON, LOU RAY KXXXXXXXXXXXX P. O. BOX 3 SAGINAW, AL 35137-0003 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
<input type="checkbox"/> Additional secured parties on attached UCC-E		5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No _____ Filed with SHELBY COUNTY
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____

87-69150793
P/O 10-23-95

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s) _____ Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____ Type Name of Individual or Business _____	MAGNOLIA FEDERAL BANK FOR SAVINGS Signature(s) of Secured Party(ies) _____ CAROLE CANTRELL, VICE PRES Signature(s) of Secured Party(ies) _____ Type Name of Individual or Business _____
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