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

Approved by The Secretary of State of Alabama

☐ 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.
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Ms. Lisa W. Braun Metropolitan Life Insur 303 Perimeter Center No Atlanta, Georgia 30346		
Pre-paid Acct. #		
Name and Address of Debtor	(Last Name First if a Person)	
Riverchase Center Associates		
2200 Woodcrest Place		
Birmingham, Alabama 352	209	95-36-4 FTIF
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	Inst # 12/20/19 11:42 AM SHELBY COUNTY 3
Social Security / Tax ID #		FILED WITH:
☐ Additional debtors on attached UCC-E		Shelby County, AL
3. NAME AND ADDRESS OF SECURED PARTY) (La Metropolitan Life Insur One Madison Avenue New York, New York 1001	rance Company	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E		
5. This statement refers to original Financing State Shelby County,		Date Filed December 20 19 90
6. Continuation. The original financing statement 7. Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appea 9. Amendment Financing statement bearing file 10. Partial Secured Party releases the collain number shown above.	between the foregoing Debtor and Secured F security interest under the financing statement the financing statement bearing file number s to all of the property listed on this file, is assign	Party, bearing file number shown above, is still effective. ent bearing the file number shown above. shown above to the in it item 11.
Loan No. 700498		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filting: \[\frac{0}{2} \frac{0}{0} \frac{0}{0} \]
Check X if covered. ♣ Products of Collateral are a	ilso covered.	3 0 0 5 0 0 6 0 0 7 0 0 Metropolitan Life Insurance Company
		Bying
Signature(s) of Debtor(s)		Signature(s) of Secure Partyles
Signature(s) of Debtor(s) (necessary only if item !	9 is applicable)	Signature(s) of Secured Particles) Robert P. Edwards, Assistant Vice President
Type Name of Individual or Business (1) FIUNG OFFICER COPY - ALPHABETICAL (3) FILIN	G OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3

(5) FILE COPY DEBTOR(S)

(2) FILING OFFICER COPY - NUMERICAL

(4) FILE COPY - SECURED