## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM MCC-3

Important: Read Instructions on Back Before Filling out Form.

REGREER PROM
Registre, Inc.
514 PIERCE ST.
AO, BOX 218
ANDKA, 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 STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		വ വ വ	<u>.</u>
	·	9 9 T	
Pre-paid Acct. #	(Last Name First if a Person)	4 4 H	£ 8
M B OLIVER 770 SHADY ROAD ALABASTER, ALABAMA 35 Social Security/Tax ID #	007	** * 1996[ 2/14/1996[ 2/14/1996[	SHEL BY COUNTY JUDGE O
2A. Name and Address of Debtor (IF Af	(Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROBATE	
3. 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)	
Social Security/Tax ID #  Additional secured parties on attached UCC-E		1992-09782	
5. XXThis statement refers to original Financing S Filed with SHELBY COUNTY		Date Filed JUNE 1 1992	
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11.  Assignment. Whose name and address app. 9. Amendment Financing statement bearing for Secured Party releases the concept Release number shown above.	he a security interest under the financing statement bearing file number a or to all of the property listed on this file, is assigned to the statement bearing file number as set for the property listed on this file, is assigned to item 4.  Ille number shown above is amended as set forthe plateral described in item 11 from the financing and the statement of the	own above to the ed to the assignee in item 11 itement bearing file  ABER 6163 LOCATED AT  11A Enter Code(s) For Back of Form Tile	hat
		Best Describes Collateral Cover By This Filing:	
•			
Check X if covered:  Products of Collateral an	e also covered.		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies) CENTRAL STATE BANK	
Signature(s) of Debtor(s) (necessary only if ite	m 9 is applicable)	Signature(s) of Secured Party(ies)	<del></del>
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL (3) FI	LING OFFICER COPY-ACKNOWLEDGEMENT LE COPY - SECURED	STANDARD FORM — UNIFORM COMMERCIAL CODE — (5) FILE COPY DEBTOR(S)  Approved by The Secretary of State of Alabai	