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 O	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	
CAMP & COMPANY			
P. O. BOX 530667			_ A
BIRMINGHAM, AL 35253-0667		O	
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Pre-paid Acct. #		_\	S III II
2. Name and Address of Debtor MARRAY-CONCOURSE 8	(Last Name First if a Person) O O T-N C	6	0 ~ 6
P. O. BOX 1297			せた
BIRMINGHAM, AL 35201		♣ .	9 5 5
	£		9 8
Social Security/Tax ID #	NY) (Last Name First if a Person)		200
Est. 142(16) directions of costs.	.,,		·-· ()
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	•		
Contain Constitut Tour ID #		FILED WITH:	
Social Security/Tax ID #			
Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last N	ame First if a Person)
		4. ABSIGNEE OF SECONED PARTY	
UNITED OF OMAHA LI			
c/o CAMP & COMPANY			
P. O. BOX 530667			
BIRMINGHAM, AL 35253-0667 Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
	027771	<u> </u>	
5. This statement refers to original Financing St SHELBY COUN	TY JUDGE OF PROBA	· · · · · · · · · · · · · · · · · · ·	
	nt between the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.	
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und	ns a security interest under the financing statem for the financing statement bearing file number		
☐ Full property described in item 11	or to all of the property listed on this file, is ass		
Assignment. whose name and address app 9. Amendment Financing statement bearing f	ile number shown above is amended as set for	rth in item 11.	
 Partial Secured Party releases the confidence number shown above. 	illateral described in item 11 from the financing	statement bearing file	
11.			
			Code(s) From of Form That
		ne original term of the Best of	Describes The teral Covered
inaepteanes	ss was in excess o	of five years.	nis Filing:
		<u>5</u> _	<u>0 0</u>
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7			
			
Check X if covered: Products of Collateral ar	e also covered.		
		UNITED OF OMAHA LIFE INSURA	ANCE CO.
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) BY: CAMP & COMPANY, SERVICI	NG AGENT
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature of Secured Party(ies)	TAC TOTAL
	<u> </u>	Type Name of Individual or Business ASSIStant	V. P.
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FI	ILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCI	IAL CODE FORM UCC-3
	ILE COPY - SECURED	(5) FILE COPY DEBTOR(S) Approved by The Secretary of Sta	ate of Alabama