じょうにつ 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. BOX 218

ANOKA, MNL 58303

(612) 421-1713

| The Debtor is a transmitting utility | No. of Additional Sheets Presented: | This FINANCING STATEMENT is profiling pursuant to the Uniform Comm | esented to a Filing Officer for nercial Code. |
|---|---|--|--|
| as defined in ALA CODE 7-9-105(n). Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| CASE CREDIT CORPORATION PO BOX 292 | | Date, Time, Number & Firing Office | |
| RACINE WI 53401 | | | 2 2 2 2 |
| | | | |
| Pre-paid Acct. # | (Last Name First if a Person) | | |
| VICKERY, NORMAN EDDIE P O BOX 27 WILSONVILLE AL 35186 | | 3/1996. * 1996 | 96 30 30 30 30 30 30 30 30 30 30 30 30 30 |
| | | | |
| 2A. Name and Address of Debtor (IF A | ANY) (Last Name First if a Person) | - | |
| · · | • | | |
| | •• | | |
| Social Security/Tax ID # | | FILED WITH: | |
| | | | |
| Additional debtors on attached UCC-E 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) |
| J I CASE COMPANY AND J I CASE CREDIT CORPO P O BOX 292 RACINE WI 53401 Social Security/Tax ID # | | | |
| Additional secured parties on attached UCC-E | <u>. </u> | <u> </u> | |
| 5. This statement refers to original Financing Statement bearing File No Filed withSHELBY COUNTY | | 029192 Date Filed_AUG_21 | |
| 8. Partial or The Secured Party's right un property described in item 1. Assignment, whose name and address at 9. Amendment Financing statement bearing | ms a security interest under the financing statem der the financing statement bearing file number to all of the property listed on this file, is assigned | ent bearing the file number shown above. shown above to the gned to the assignee th in item 11. | effective. |
| 11. | - | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling: |
| | | | |
| • • • • • • • • • • • • • • • • • • • | | | |
| 7 | | | |
| | | | |
| | | | |
| Check X if covered: Products of Collateral a | are also covered. | - | |
| | | JI CASE COMRANY AL | ND/OR J I CASE CREDIT CORE |
| Signature(s) of Debtor(s) | | Signature(ar of Secured Party(ies) SEC. 7-15-96 | |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable) | | Signature(s) of Secured Party(ies) | |
| Type Name of Individual or Business | | JOYCE SCHOMMER Type Name of Individual or Busines | <u></u> |
| (1) FILING OFFICER COPY - ALPHABETICAL. (3) F | FILING OFFICER COPY-ACKNOWLEDGEMENT FILE COPY - SECURED | STANDARD 6 | FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama |