## 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, 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 Office filing pursuant to the Uniform Commercial Code.	er for
Return copy or recorded original to	, <u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Ms. Martha R. Bickford Martell & Associates Suite 201 1718 Connecticut Avenue, N.W. Washington, DC 20009		-32211 RTIFIED G. PROME 15.00	
Pre-paid Acct. #	(Last Name First if a Person)		
EAGLE RIDGE, LTD. 2951 Flowers Road Atlanta, GA 30341			01:19 PH SEE 19 PH SEE 19 PH SEE 19 PH
Social Security/Tax ID #	(Last Name First if a Person)		_
1	•		
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E		Shelby County	
MELLON MORTGAGE COMPANY 1422 Euclid Avenue - #90 Cleveland, OH 44115-2092  Social Security/Tax 10 #	00	4. ASSIGNEE OF SECURED PARTY (IF ANY) (I	ast Name First if a Person)
Additional secured parties on attached UCC-E	020070		
5. This statement refers to original Financing Stater Filed with <u>Judge of Probat</u>	_	Date Filed December 18, 19 91	<del></del>
<ul> <li>7.</li></ul>	security interest under the financing statement the financing statement bearing file number so all of the property lighted on this file, is assign	hown above to the ined to the assignee in item 11.	·
			Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
			103 000 200 302
<b>1</b>			_300 _500 _600
062-35410			
Check X if covered:  Products of Collateral are als	so covered.		<u>.                                    </u>
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	MELLON MORTGAGE COMPANY  Signature(s) of Secured Party(ies)	20 A
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		By: Deborah Rogan, Vice President	
Type Name of Individual or Business	ACTION ADIAMA SPACE CONT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMM	