## 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.

Registre, Inc. 514 PERCE ST. P.O. BOX 218 ANOKA, MN. 55383

☐ 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 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	
MagnoliaFederal Bank For P O Box 1858	Savings		
Hattiesburg, MS 🔩 39403-1858			III
		6	SO II SO
Pre-paid Acct. #		֟ <b>֡</b>	0 F 7 5 5
Name and Address of Debtor	(Last Name First if a Person)		
Carver, Robert Route 1 Box 91B		į	A T E E
Chelsea, AL 35043		*	* * . * . * . * . * . * . * . *
deise, Al 33043		<b>1</b>	705
			· · · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #			H 0 H
2A. Name and Address of Debtor (IF	ANY) (Last Name First if a Person)		• •
·			
Carver, Teresa H.			
Route 1 Box 91B			i
Chelsea, AL 35043			·
Sociat Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E		Shelby County	
3. NAME AND ADDRESS OF SECURED PART	Y) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (# ANY)	(Last Name First if a Person)
Magnolia Federal Bank For P O Box 1858 Hattiesburg, MS 39403-1			
Social Security/Tax ID #  Additional secured parties on attached UCC-E			15.00
5.   This statement refers to original Financing	Statement bearing File No. 015922		
Filed with Shelby County		Date Filed January 12	19 <b>87</b>
7. Termination. Secured Party no longer cla  8. Partial or The Secured Party's right or property described in item 1  Assignment. Whose name and address a secured Party releases the number shown above.	tims a security interest under the financing statement bearing file number to all of the property fisted on this file, is assigned.	shown above to the gned to the assignee h in item 11.	
11.			444 Fater Contacted From
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Fiting:
-	•		
Check X if covered:  Products of Collateral	are also covered.		
Signature(s) of Debtor(s)	·· · · · · · · · · · · · · · · · · · ·	Superior of Secured Party Con Executive Vice Resident	
Signature(s) of Debtor(s) (necessary only if	item 9 is anniicable)	Signature vice Resident Signature Resident	Cariner
Type Name of Individual or Business		Type Name of Individual or Susiness	