

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKE, MN. 55303
(612) 421-1713

<input type="checkbox"/> 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.	
1. Return copy or recorded original to Magnolia Federal Bank for Savings P O Box 1858 Hattiesburg, MS 39403-1858 Pre-paid Acct. # _____				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: right;">Inst. # 1997-01876 01/17/1997-01876 11:01 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 15.00</div>	
2. Name and Address of Debtor (Last Name First if a Person) SIMMONS, Karen D Swietlic 1660 Hwy 42 Calera, AL 35040 Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E				FILED WITH: Shelby County	
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Magnolia Federal Bank for Savings P O Box 1858 Hattiesburg, MS 39403-1858 Social Security/Tax ID # _____				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) 030491 Date Filed 2-11 19 92	
<input type="checkbox"/> Additional secured parties on attached UCC-E					
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with <u>Shelby County</u>					
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. 11. _____					
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.					
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable) Type Name of Individual or Business				Signature(s) of Secured Party(ies) Magnolia Federal Bank for Savings Executive Vice President Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY - ACKNOWLEDGEMENT		(5) FILE COPY DEBTOR(S)	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-9 Approved by The Secretary of State of Alabama	