## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

23781 Important: Read Instructions on Back Before Filling out Form.

REGREER FROM
Registre, Inc.
RAMERCE ST.
REGISTRA, MNL 55303

The Debtor is a tra as defined in ALA	ansmitting utility CODE 7-9-105(n).		No. of Additional Sheets Presented:	This FINANCING filing pursuant to	STATEMENT is presented the Uniform Commercial	d to a Filing Offic Code	er for
	ecorded original to	Ţ		THIS SPACE FOR USE OF Date, Time, Number & Filin	F FILING OFFICER		
ATTN: GI	LORIA CARRO	LL					
	DEMERCIAL B	_		ļ			
P. O. BOX 11746							
BIRMINGHAM, AL. 35202-1746							
		_					
Pre-paid Acct. #. Name and Addre		<del></del>	(Last Name First if a Per	raon)			_
	FOREST ESTA	TRS. I. I.	•			S. S	
	HABA VALLEY					4	
BIRMINGHAM, ALABAMA 35242						Q	<b>6</b>
						2	New 28
ATTN: K	ENNETH B. V	VEYGAND				Q,	<b>6</b> ≥
Social Security/	Tax ID #					41	
A. Name and Addre	ess of Debtor	(IF ANY)	(Last Name First if a Per	rson)		•	a 8 3
						*	
						3	St. #
	•					<b>H</b>	4
						<b></b>	
							<b></b> . <b>.</b> .
Social Security/	Tax ID #			FILED WITH:			_
	rs on attached UCC-E		- F:+ 4 - D	<u> </u>	OF PROPATE S	· · · · · · · · · · · · · · · · · · ·	
NAME AND ADD	PRESS OF SECURED F	'AHIT) (Lasi Name	a First it a Person)	4. ASSIGNEE OF SECUR	ED PARTY (#- /	ANY) (	Last Name First if a Person)
ETDOM A	VARIETO CTAT 1	D A KIP			•		
	COMMERCIAL 1 SOX 11746	DAIR		02/12/199 12:11 PM C	_ ~64.25	•	· · · · · · · · · · · · · · · · · · ·
		35202-174	46	ne/12/199	COTIFIED	78	•
Social Security/Tax ID #				SELET CHAIR M	ES IF PROBLE	•	
☐ Additional secure	ed parties on attached t	JCC-E		SIELEY COUNTY JO	10.30.	. <del>.</del> .	
5. This stateme	ent refers to original Fina	socioa Statement h	escina Eile No	1996_1	9269		<del>. , .</del>
Filed with	JUDGE OF	•	•	Date Filed		19_96	<u> </u>
_	Secured Party no long The Secured Party's or property described in whose name and add Financing statement to	ger claims a securify right under the fina- item 11 or to all of livess appears in item bearing file number as the collateral des	ty interest under the financing noing statement bearing file nu the property listed on this file,	is assigned to the assignee set forth in item 11.			
1.		ED IN MAP	BOOK 21, PAG	RVEY OF SHELBY FO E 117 A AND B, II A; BEING SITUATE	N THE PROBAT	, co	Enter Code(s) From Back of Form That Best Describes The Colleteral Covered By This Filling:
Check Y if some	ed: Products of Colla	steral are also com	arari		///	//	<i></i>
CHOCK A II COVE	SO. C. Products of Coll	ercan are siso cove	<i>7</i>			////	
Signature(s) o	if Dehtorfe\				SCURPT Personal		
				BY:///	100		
Signature(s) o	f Debtor(s) (necessary o	only if item 9 is appl	iicable)	PAUL at M. (a) of S	HARACKER, V	ICE PRE	SIDENT
Type Name of	f Individual or Business			Type Name of Inc	dividual or Business		

(1) FILING OFFICER COPY - ALPHABETICAL

(2) FILING OFFICER COPY - NUMERICAL