## 55004

## 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.
534 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 Filling pursuant to the Uniform Commercial Code.	iling Officer for
Return copy or recorded original to  FIRST BANK OF CHILDE	1	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P O BOX 329 CHILDERSBURG, AL 35	044	2380	ITFIED FROMTE .88
Pre-paid Acct. #		<b>Q</b>	J & C
2. Name and Address of Debtor (Last Name First if a Person)  CLARENCE E. BURGESS  1865 SHELBY SPRINGS ROAD  COLUMBIANA, AL 35051		02/20/1997 1:09 AM CE 1:09 AM CE 001 KD	
Social Security/Tax ID #  2A. Name and Address of Debtor (IF AN)	Y) (Last Name First if a Person)		
Social Security/Tax ID #	F	ILED WITH:	
Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (L		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
FIRST BANK OF CHILDE P O BOX 329 CHILDERSBURG, AL 35 Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Sta	1334 27000	Date FiledSEPT_8	
8. Partial or The Secured Party's right under property described in item 11 or Assignment, whose name and address appears.  9. Amendment Financing statement bearing file.	s a security interest under the financing statement or the financing statement bearing file number show or to all of the property listed on this file, is assigned	bearing the file number shown above. which above to the distribution of the distributi	
MITUSBISHI D-1800 TRACTOR SER. #61-62053			11A. Enter Code(s) From Back of Form That Best Describes The Cotlateral Covered
			By This Filing:
· .			
Check X if covered: Products of Collateral are	also covered.		
		<u> </u>	
Signature(s) of Debtor(s)	······································	Califf THE TOTAL	
Signature(s) of Debtor(s) (necessary only if iten	n 9 is applicable)	Signature(s) of Secured Party(ies) FIRST BANK OF CHILDERSE	URG
Type Name of Individual or Business  Type Name of Individual or Business  Type Name of Individual or Business			ODIA COMMERCIAL CODE FORM INC. 2