## 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.

52836

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. 80X 216
ANOKA, MN. 55303
(612) 421-1713

		194100-100	31	
☐ 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.		
Return copy or recorded original to	······································	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
PRUETT, BROWN, TURNER &	HORSLEY, L.L.C.			
ATTORNEYS AT LAW P.O. BOX 2505				
BIRMINGHAM, ALABAMA 35201				<b>~</b>
			30	요띰빌
Pre-paid Acct. #			લું	50 T T E E
Name and Address of Debtor     (Last Name First if a Person)			ő	0 H & 8
HANVEY, FRED M.			4	- 20 CER 三 30 三
322 HOMESTEAD DRIVE			9	e composition of the compositio
WILSONVILLE, AL 35186			₩.	てを置っ
			#	<u>™</u> 8 8
Annal at the second of the sec			دب ۱۸	2019 2019 3年38
Social Security/Tax ID #	ANY) (Last Name First if a Person)		Ě	
HANVEY, SHIRLEY B.			**	J
322 HOMESTEAD DRIVE	•			
VILSONVILLE, AL 35186				
Social Security/Tax ID #	<u> </u>	FILED WITH:		
<ul> <li>Additional debtors on attached UCC-E</li> <li>NAME AND ADDRESS OF SECURED PARTY</li> </ul>	) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (#F	ANY)	(Last Name First if a Person)
FIRST COMMERCIAL BANK				
2000-B SOUTHBRIDGE PARK	WAY			
SUITE 500				
	209			
Social Security/Tax tD #		1		
Additional secured parties on attached UCC-E				<del></del>
5. XX This statement refers to original Financing Filed withSHET.BY_COUNTY		Date Filed 9/20	19 Q'	
		Party, bearing file number shown above, is still effective		<del>*</del>
XXX Termination. Secured Party no longer claim		ent bearing the file number shown above.		
, ,	1 or to all of the property listed on this file, is assig			
9. Amendment Financing statement bearing	file number shown above is amended as set forti			
10. Partial Secured Party releases the carried Release number shown above.	collateral described in item 11 from the financing s	statement bearing the		<u></u>
11. •				
			11/	A. Enter Code(s) From Back of Form That Best Describes The
·				Collateral Covered  By This Filling:
	· .			
Check X if covered:  Products of Collateral a	ere elen covered			<del></del>
Check A h covered. — I hoodes of comateral t		0001-		
Signature(s) of Debtor(s)	······································	Signature(s) of Secured Party (s)	$\rightarrow$	<u>-</u>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)		<del></del>
		FIRST COMMERCIAL BA	NK	
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) F	ILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM	— UNIFORM COI	MMERCIAL CODE — FORM UCC-3
1-1	ILE COPY - SECURED			ary of State of Alabama