

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

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, 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				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #:				Inst # 1997-07051  03/06/1997-07051 02:00 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 16.00 001 MCD	
2. Name and Address of Debtor (Last Name First if a Person) Robert H. Howell 521 Dixon Rd Lot 3 Alabaster, AL 35007 8769151752					
Social Security/Tax ID # [REDACTED]					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Jane Howell 521 Dixon Rd Lot 3 Alabaster, AL 35007					
Social Security/Tax ID # [REDACTED]				FILED WITH:	
<input type="checkbox"/> Additional debtors on attached UCC-E					
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				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID # [REDACTED]					
<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>				5119 Date Filed <u>April 20</u> 19 <u>92</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 <input type="checkbox"/> 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 Secured Party(ies) <u>Executive Vice President</u> Magnolia Federal Bank for Savings	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)				Type Name of Individual or Business	
Type Name of Individual or Business				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-3 Approved by The Secretary of State of Alabama	