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
Registre, Inc.
514 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 Fi filing pursuant to the Uniform Commercial Code.	iling Officer for
Return copy or recorded original to		HIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Magnolia Federal Bank for P O Box 1858 Hattiesburg, MS 39403-18	r Savings		
Pre-paid Acct. #			_
2. Name and Address of Debtor	(Last Name First if a Person)		வ வியிய
Dennis K Bice 120 Murray Dr Montevallo, AL 35115			997-0705 997-0705 CERTIFI JUNGE OF PROBAT
Social Security/Tax ID #			サ 元 三章
Social Security/Tax ID # 2A Name and Address of Debtor (IF ANY) Debbie Bice 120 Murray Dr. Montevallo, AL 35115	(Last Name First if a Person)		1nst # 03/06/ 02:02 P SKLBY COUN
Social Security/Tax ID #_	FI	LED WITH:	
☐ Additional debtors on attached UCC-E	!		
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Magnolia Federal Bank for P O Box 1858 Hattiesburg, MS 39403-18	_		
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Stateme	ent bearing File No. 5122		······································
Filed withShelby	<i></i>	Date Filed April 20	_ 1992_
☐ Full property described in item 11 or to a Assignment, whose name and address appears in 9. ☐ Amendment Financing statement bearing file num	curity interest under the financing statement to financing statement bearing file number show all of the property*listed on this file, is assigned in item 4.	pearing the file number shown above. In above to the little to the assignee litem 11	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
•			
	•		
Observice of Control of Control	nounced.	1 ,	
Check X if covered: Products of Collateral are also	covered.	1/2/16)/~	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
		Evecutive Vice President	
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(ies) Magnolia Federal Bank for	<u>_</u>
Type Name of Individual or Business		Type Name of Individual or Business	ORM COMMERCIAL CODE FORM UCC-3