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

22384

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 Filing Officer for filing pursuant to the Uniform Commercial Code.		
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFI Date, Time, Number & Filing Office	CER	_
Byars and Company, Inc. P.O. Box 530310 Birmingham, AL 35253			.10135	-10135 RTIFIEI F PROBATE 15.00
Attn: Betty Byars				7 0 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MEDPLEX, INC., an Alabama corporation Suite 101 SouthLake Medplex Professional Blding. I 4515 Southlake Parkway Birmingham, AL 35244		Inst # 13 04/02/1 02:28 PM SHELBY COUNTY		
Social Security/Tax ID #	(Last Name First if a Person)			•
	· •	•		
Social Security/18x ID #		FILED WITH:		
Additional debtors on attached UCC-E		1 70.0 TTTT		
3. NAME AND ADDRESS OF SECURED PARTY) (La	est Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Protective Life Insuran P.O. Box 2606 Birmingham, AL 35202 Attn: Investment Dept. Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing State Filed with Probate Judge	ement bearing File No. 3014 Shelby Co.	Date Filed_April	2 19 (2
□ Full property described in item 11 or Assignment, whose name and address appea 9. □ Amendment Financing statement bearing file	a security interest under the financing statement the financing statement bearing file number shot all of the property listed on this file, is assign	irty, bearing file number shown above, is sont bearing the file number shown above, is sown above to the led to the assignee in item 11.		
			11	A. Enter Code(s) From Back of Form That Best Describes The Colleteral Covered By This Filling:
	•			<u>3 0 0</u>
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Chart Villaguerad III Bardones - (Calles - 1 - 1	ston non-read			
Check X if covered: Products of Collateral are a	nso covered.	Protective Life	Insurance Co	mpany
Signature(s) of Debtor(s)	·	By: Byars and Cor	mpany. Inc.	Correspondent
Signature(s) of Debtor(s) (necessary only if item !	9 is applicable)	Signature(s) of Security Party(in William G. Byars	- President	
Type Name of Individual or Business 1) FIUNG OFFICER COPY - ALPHABETICAL (3) FILING	OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or But STANDA		MMERCIAL CODE — FORM UCC-3