as defined in ALA CODE 7-9-105(n).  Sheets Presented:  1. Return copy or recorded original to	filing pursuant to the Uniform Commercial Code.  THIS SPACE FOR USE OF FILING OFFICER
MAGNA MORTGAGE COMPANY	Date, Time, Number & Filing Office
P O BOX 18001	
HATTIESBURG, MS 39404	
Pre-paid Acct.#	
Name and Address of Debtor (Last Name First if a Person)	يب ليا ه
<b>ZJAMES D PARTRIDGE &amp; MARY N PARTRIDG</b> 222 CLAUDE RD	GE GE
SHELBY, AL 35143	
DIRECTIFIFE PLANTING	
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	T 3 3 5 5 5
	世の日
	H
	•
Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
MAGNOLIA FEDERAL BANK FOR SAVINGS	
P O BOX 1858	
HATTIESBURG, MS 39403	-
Social Security/Tax ID #_	•
	<b>-</b>
Additional secured parties on attached UCC-E	——————————————————————————————————————
5. ☐ This statement refers to original Financing Statement bearing File No1993←07	2 22 22
6. Continuation. The original financing statement between the foregoing Debtor and Secured	
<ul> <li>7.  Partial or</li></ul>	nent bearing the file number shown above. shown above to the igned to the assignee th in item 11.
11.	
8769151558	11A. Enter Code(s) From Back of Form That Best Describes The College Covered By This Filing:
•	<del></del>
	<del></del>
	<del></del>
· •	<u> </u>
Check X if covered: Products of Collateral are also covered.	<del></del>
	Oha Gual.
Signature(s) of Debtor(s)	STANNOR STUART, ASST. V. PRESIDENT
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) MAGNOLIA FEDERAL BANK FOR SAVINGS
Type Name of Individual or Business	Type Name of Individual or Business
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT (2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	(5) FILE COPY DEBTOR(S)  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama