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. 18951

REDRDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

	dditional	This FINANCING STATEMENT is present filling pursuant to the Uniform Commercial	ated to a Filling Officer fo	<u></u> or
as defined in ALA CODE 7-9-105(n). Sheets I Return copy or recorded original to	Presented:	IS SPACE FOR USE OF FILING OFFICER		
FIRST COMMERICAL BANK ATTN: ANITA WRIGHT P.O. BOX 11746 BIRMINGHAM, AL. 35202-1746	Da	ate. Time. Number & Filing Office		
Pre-paid Acct. #	ast Name First if a Person)		~	는 <u>대</u> 년
SOUTHLAKE PROPERTIES P.O. BOX 19728 BIRMINGHAM, AL. 35219			1997-144	1997-1444 M CERTIFI IV JUNCE OF PROBA
Social Security/Tax ID #			*	\ 4 B
	Last Name First if a Person)		H O SE	05/09 08:40, SHELBY C
		·		•
Social Security/Tax ID #	FIL	ED WITH:		<u> </u>
Additional debtors on attached UCC-E	· •	JUDGE OF PROBATE-SE	IELBY	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if	a Person) 4.	ASSIGNEE OF SECURED PARTY ((IF ANY) (Las	t Name First if a Person)
P.O. BOX 11746 BIRMINGHAM, AL. 35202-1746 Social Security/Tax ID # Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statement bearing filled with	ı	Date Filed 8-1	1990	 _
6. Continuation. 7. Termination. 8. Partial or The Secured Party no longer claims a security interest of the Secured Party's right under the financing statement. 9. Assignment Whose name and address appears in item 4. 9. Amendment Financing statement bearing file number shown Secured Party releases the collateral described number shown above.	est under the financing statement be tatement bearing file number shows perty listed on this file, is assigned above is amended as set forth in it	earing the file number shown above. In above to the to the assignee term 11.		ator Codole) Ecom
			Ba Ba Co	eter Code(s) From tick of Form That est Describes The is oflateral Covered in This Filling:
			_	
			_	
			_	
Check X if covered: D Products of Collateral are also covered.			_	
		FIRST COMMERICAL/BA	NK	
Signature(s) of Debtor(s)		Signature (s. b) Secured Party(iet)		
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	B	Signature(s) of Secured Party(ies) NELSON S. BEAN, SEN	IOR VICE P	RESIDENT
Type Name of Individual or Business		Type Name of Individual or Business	M LINDEADA CALAST	BCIAL CODE FORM UCC-3