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

19365 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

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	<u>, , , </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
FIRST COMMERICAL BANK ATTN: ANITA WRIGHT P.O. BOX 11746 BIRMINGHAM, AL. 35202-	1746		
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		
BWA DEVELOPMENT CORP. C/O HUNTER WILLIAMS 200 UNION HILL DRIVE BIRMINGHAM, AL. 35209 Social Security/Tax ID #			1997-15293 1997-15293 1997-15293 19 JUG OF PROBATE
2A. Name and Address of Debtor (IF A	NY) (Last Name First if a Person)		2/16/3 126 AT 128 COM
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Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY)	/I get Name First if a Boroon	JUDGE OF PROBATE STATES 4. ASSIGNEE OF SECURED PARTY	Y) (Last Name First if a Person)
Social Security/Tax ID #	INST # 199	6-09064	
5. This statement of the Filed with	TEMSHETSF COUNTY	3-20	96
7.	ms a security interest under the financing statement der the financing statement bearing file number start or to all of the property listed on this file, is assigned in item 4. file number shown above is amended as set forthollateral described in item 11 from the financing sometimes. ORDING TO THE SURVEY OF A 22, PAGE 35, IN THE CONTROL OF THE SURVEY OF THE SURV	hown above to the ned to the assignee in item 11.	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral a		FIRST COMMERICAL BANK	
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if ite	BY:	Signature(s) of Secured Party(ies) A. TODD BEARD	
Type Name of Individual or Business		FIRST MACE RESIDENT	
AVERAGE OF THE CONTROL AND CONTROL OF THE CONTROL O	I WO APPIACE AGENT LONGIAN EDACHELE	· · · · · · · · · · · · · · · · · · ·	INTEGRIA COMMERCIAL CODE — FORM UCC-3