

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

22350

**Important: Read Instructions on Back Before Filling out Form.**

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

<input type="checkbox"/> 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.
1. Return copy or recorded original to  Byars and Company, Inc. P.O. Box 530310 Birmingham, AL 35253  Attn: Betty Byars  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1997-16503</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">05/28/1997-16503</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">01:13 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">15.00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCB</p> </div>
2. Name and Address of Debtor (Last Name First if a Person)  BMG Properties, an Alabama General Partnership 2040 Valleydale Road Suite 200 Birmingham, AL 35244  Social Security/Tax ID # _____		FILED WITH: _____
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)          Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  The Ohio National Life Insurance Company P. O. Box 237 Cincinnati, OH 45201  Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)          
<input type="checkbox"/> Additional secured parties on attached UCC-E		5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>017163</u> Filed with <u>Judge of Probate/Shelby County</u> Date Filed <u>May 27</u> 19 <u>87</u>
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

All of the equipment, fixtures, contract rights, general intangibles and tangible personal property of every nature as described in original filing.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

3	0	0	
7	0	0	
8	0	0	

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

The Ohio National Life Ins. Co.  
 By: Byars and Company, Inc. - Correspondent  
 By: William G. Byars  
 Signature(s) of Secured Party(ies)  
 William G. Byars - President  
 Type Name of Individual or Business