

**29227 Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKE, 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  MAGNOLIA FEDERAL BANK FOR SAVINGS P O BOX 1858 HATTIESBURG, MS 39403  <div style="background-color: black; width: 100px; height: 30px;"></div> Pre-paid Acct. # _____			<div style="text-align: center;">THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number &amp; Filing Office</div> <div style="position: relative; height: 300px;"><div style="position: absolute; top: 10%; right: 10%; transform: rotate(90deg); font-weight: bold;">Inst # 1997-20453</div><div style="position: absolute; top: 15%; right: 10%;">07/01/1997-20453 09:20 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 NC .00</div></div>	
2. Name and Address of Debtor (Last Name First if a Person)  FREELAND, DONALD 101 HICKORY ST MAYLENE, AL 35114  Social Security/Tax ID # _____				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  FREELAND, CRYSTAL 101 HICKORY ST MAYLENE, AL 35114  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)  MAGNOLIA FEDERAL BANK FOR SAVINGS P O BOX 1858 HATTIESBURG, MS 39403  Social Security/Tax ID # _____ <div style="background-color: black; width: 100px; height: 30px;"></div>				
<input type="checkbox"/> Additional secured parties				
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with <u>SHELBY COUNTY</u>			1994-30905 Date Filed <u>10-11</u> 19 <u>94</u>	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" 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 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.				

8769151403

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

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

MAGNOLIA FEDERAL BANK FOR SAVINGS

Signature(s) of Security Party(ies)

**Signature(s) of Secured Party(ies)**

SHANNON STUART, ASST. V. PRESIDENT

Type Name of Individual or Business

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3

Approved by The Secretary of State of Alabama