## 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.

REORDER FROM

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

☐ The Debtor is a transmitting utility	No. of Additional	This FINANCING STATEMENT is presented to a Filing Officer for	or
as defined in ALA CODE 7-9-105(n).  1. Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	
·	ITIOEDCDUDA	Date, Time, Number & Filing Office	
FIRST BANK OF CH	11FDEK2BOKG		
P 0 BOX 329			
CHILDERSBURG, A	AL 35044		_
Pre-paid Acct. #	(Last Name First if a Person)		
2. Name and Address of Debtor		, is	
ABERNATHY, ROY	CE M.	CL Y	
432 SHELBY 83		66 5	
HARPERSVILLE, /	AL 35078	·	
		*	で養養
Social Security/Tax ID #  2A. Name and Address of Debtor	(IF ANY) (Last Name First if a Person	٠	
			1280日表
Social Security/Tax ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED	PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Las	st Name First if a Person)
FIRST BANK OF CHANGE P O BOX 329 CHILDERSBURG, Social Security/Tax ID #  Additional secured parties on attached	35044		
	<u> </u>	1993-03137	
5.XX This statement refers to original Fi	DUNTY JUDGE OF PROBATE	Date Filed FEBRUARY 3rd 19 93	_ _
7.XX Termination. Secured Party no lot  8. Partial or The Secured Party's property described whose name and act whose name and act of the secured Party release number shown about the secured Party no lot of the secured Party is secured Party in lot of the secured Party in lot of t	onger claims a security interest under the financing states right under the financing statement bearing file numb in item 11 or to all of the property listed on this file, is a ddress appears in item 4. It bearing file number shown above is amended as set asses the collateral described in item 11 from the financial	er shown above to the issigned to the assignee forth in item 11.	
11.	•	11A. E	nter Code(s) From ack of Form That
1979 GUERDON MH	#1859	B C B	est Describes The ollateral Covered to This Filing:
	•		
	*	_	
		_	
	•		
Check X if covered: Products of C	oliateral are also covered.		
Signature(s) of Debtor(s)		Signature of Secured Participal	
Signature(s) of Debtor(s) (necessar	y only if item 9 is applicable)	Signature(s) of Secured Party(les)	LOMBON
Type Name of Individual or Busine	SS	Type Name of Individual or Business  STANDARD FORM — UNIFORM COMM	