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

09927

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registre, 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.	i saga
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
ROSE DISCOUNT MOBILE H 198 MOBILE HOME DRIVE HICKORY, MS 39332	-	Date, Time, Hamber & Final Gross	
· .			
Pre-paid Acct. #	<u> </u>		£ 8
2. Name and Address of Debtor	(Last Name First if a Person)		는 발
PEGGY T. BARTLETT			ਨ ~ ਕ
P.O. BOX 605		+ + ×	是
WILSONVILLE, AL 35186		* 0	8 8
Social Security/Tax ID #		78 C 28 C 29 C 29 C 29 C 29 C 29 C 29 C 2	
A. Name and Address of Debtor (IF AN	IY) (Last Name First if a Person)	-	
			_
RONNIE SUMNERS SAME			
· ·	•		
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E	· ·		
NAME AND ADDRESS OF SECURED PARTY) (I	Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a	a Person)
MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. BOX 1858 HATTIESBURG, MS 39403-1858		ROSE DISCOUNT MOBILE HOMES, INC. 198 MOBILE HOME DRIVE HICKORY, MS 39332	
Social Security/Tax ID #		-	
Additional secured parties on attached UCC-E		<u></u>	
5. This statement refers to original Financing Sta	-	Date Filed 10/21 19 92	
 7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears. 9. Amendment Financing statement bearing file. 	s a security interest under the financing stateme or the financing statement bearing file number st or to all of the property ligged on this file, is assign	hown above to the ned to the assignee	
1.		11A. Enter Code(s) From Back of Form That Best Describes Th	ri e
	•	Collateral Covered By This Filling:	d ,
·	•		
			
•	ì		
Check X if covered: Products of Collateral are	also covered.		<u></u>
Signature(s) of Debtor(s)		MAGNOLIA FEDERAL BANK FOR SAVINGS Signature(s) of Sectored Party(les)	<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(Res) SANDRA TOUCHSTONE, VICE PRESIDENT	
Type Name of Individual or Business		Type Name of Individual or Business	