

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 The Travelers Insurance Company One Tower Square - 10PB Hartford, CT 06183-2030 Attn: J. Cusano #204660 Pre-paid Acct. # _____				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
2. Name and Address of Debtor (Last Name First if a Person) Western Pocahontas Properties Limited Partnership 40th, Floor, 601 Jefferson Street Houston, TX 77002 Social Security/Tax ID # _____				Inst # 1997-25964 08/14/1997-25964 01:42 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 15.00 DOL HCD	
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 Travelers Insurance Company One Tower Square - 2BP Hartford, CT 06183-2021 Attn: Investment Administration Social Security/Tax ID # _____				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) FILED WITH:	
<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. 018895 Filed with Shelby Co, Al				Date Filed 12/30 19 87	
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.					
11.					
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____					
Check X if covered: <input type="checkbox"/> 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 Travelers Insurance Company Signature(s) of Secured Party(ies) <i>Gregory F. Lynch</i> Signature(s) of Secured Party(ies) Gregory F. Lynch, Vice President Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-1	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
		(5) FILE COPY DESTROY(S)			