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

12412

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  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.
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
MUTUAL SAVINGS CREDIT UNION	
P.O. BOX 28070	<b>→</b>
BIRMINGHAM, AL. 35228	7 <del>.</del> 46
Pre-paid Acct. #	- Sign of the state of the stat
TIMOTHY SHOEMAKER 5969 HIGHWAY 61	# 71 E 8
WILSONVILLE, AL. 35186	CERT SEE
Social Security/Tax (D #	て たま 学
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	10/27 8:03 8:03 8:03
Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	· · · · · · · · · · · · · · · · · · ·
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
MUTUAL SAVINGS CREDIT UNION P.O. BOX 28070 BIRMINGHAM, AL. 35228	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	1001 0000
5. This statement refers to original Financing Statement bearing File No.	1996-28857
Filed with	Date Filed
<ul> <li>6.  Continuation. The original financing statement between the foregoing Debtor and Secured 1.</li> <li>7.  Termination. Secured Party no longer claims a security interest under the financing statement 8.  Partial or</li></ul>	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.
1- Boat- 1996 Spectrum 17 Dominat 17ft	Serial # FMCY97SVE696
1- MOTOR - 1996 FORCE SERIAL # 0E19734	Collateral Covered
1- TRAILER- 1996 ESCORT SERIAL # K405	By This Filing:  117VE0tt001989 ———————————————————————————————————
, j	, — — — — — — — — — — — — — — — — — — —
Check X if covered: ☐ Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signature(s) of Sacrad Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)  MUTUAL SAVINGS CREDIT UNION
Type Name of Individual or Business  ) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-