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

19197 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 Fill filling pursuant to the Uniform Commercial Code.	ling Officer for
1. Return copy or recorded original to First Commercial Bank ATTN: Linda Andrews P.O. Box 11746 Birmingham, AL. 35202		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct #	e		PM CERTIFIED COUNTY MINE OF PROBATE OF ACT
Social Security/Tax ID #	(Last Name First if a Person)		12.57 12:57 981.87 C
Social Security/Tax ID # Additional debtors on attached UCC-E		Judge of Probate, Shelby County	
3. 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)	
First Commercial Bank P.O. Box 11746 Birmingham, AL. 35202- Social Security/Tax ID #	1746		
Additional secured parties on attached UCC-E	ment bearing File No. 1996-08491		
5. 2 This statement refers to original Financing Statement bearing File No. 1990-08491 Filed with JOP Shelby Co.		Date Filed 03-15- 19_96	
6. Continuation. The original financing statement to 7. Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under to property described in item 11 or to Assignment. Whose name and address appear 9. Amendment Financing statement bearing file recommends.	security interest under the financing stateme he financing statement bearing file number s o all of the property listed on this file, is assig	hown above to the med to the assignee in item 11.	
	Map Book 21 Page 49	y of Brookchase Estates, 9 in the Probate Office of Shelby County, Alabama.	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
		•	
Check X if covered: Products of Collateral are at	so covered.		<u>/</u>
		First Commercial Bank	
Signature(s) of Debtor(s)	·	BY:	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(les) Paul M. Schabacker, Vi	ce-President
Type Name of Individual or Business		Type Name of Individual or Business	