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

17381

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 85303
(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 STATE	MENT is presented to a Filing Office inform Commercial Code.	r for
Return copy or recorded original to		THIS SPACE FOR USE, OF FILIN Date, Time, Number & Filing Office	G OFFICER	
New Holland CRedit Co.		•		
P. O. Box 109				
Tucker, GA 30085	•		e e	O H
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Pre-paid Acct. #			- -	o 🗓 🖫
Name and Address of Debtor	(Last Name First if a Person)		, Š	M
Contos Torres Mhomas			₩	7 2 52
Spates, Jerry Thomas	•			2 4 B
200 Glaze Ferry Road Harpersville, AL 350	78		₩	703
naipersville, AL 550	,			
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Social Security/Tax ID:#: A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	•		•
A. (48/116 \$10 AUGIESS OF DEDICT (IF A41)	(LEST 142ING 1 II & 1 CICCIO			
	•			
Social Security/Tax ID #		FILED WITH:		,
Additional debtors on attached UCC-E		-		
NAME AND ADDRESS OF SECURED PARTY) (Last N	ame First if a Person)	4. ASSIGNEE OF SECURED PA	RTY (IF ANY) (L	ast Name First if a Person)
Tucker, GA 30085-010	9 			
Additional secured parties on attached UCC-E		1002-27043		
5. This statement refers to original Financing Statement bearing File No. Shelby County		1993-37863	1/29/ 193	_
6. Continuation. The original financing statement between		Date Filed		
Full property described in item 11 or to a Assignment, whose name and address appears in 9. Amendment Financing statement bearing file number of Partial Secured Party releases the collatera number shown above.	financing statement bearing file number s If of the property listed on this file, is assig	shown above to the ined to the assignee in item 11.	ibóve.	·• :
1 New Rhino Rotar Cutter, SN #11939		Tag 1614		Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
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Check X if covered: Products of Collateral are also	covered.			
•		B. An	der	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secure		
Cignoture/s) of Publicate) (seessees, only if item 0 is continually)		Signature(s) of Secure	d Partylies)	_
Signature(s) of Debtor(s) (necessary only if item 9 is	ebbucgnia)	aignature(s) or secure		<u> </u>
Type Name of Individual or Business		Type Name of Individu		
· •	FICER COPY-ACKNOWLEDGEMENT Y - SECURED	(5) FILE COPY DEBTOR(S)	STANDARD FORM — UNIFORM COMM Approved by The Secretary	MERCIAL CODE — FORM UCC- od State of Alahama