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

19367 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

as defined in ALA CODE 7-9-105(n). Return copy or recorded original to FIRST COMMERICAL BANK ATTN: ANITA WRIGHT		
	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P.O. BOX 11746 BIRMINGHAM, AL. 35202-1746 Pre-paid Acct #	nst # 1998-02071 1/21/1998-02071 1=55 AM CERTIFIED SKLBY COUNTY JUNCE OF PROBATE	
Social Security/Tax ID #		
Social Security/Tax ID #	JUDGE OF PROBATE—SHELBY COUNTY 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Pen	50 n)
Social Security/Tax ID #,		
□ Additional secured parties on attached UCC-E INST #	1996-09064	
5. This statement refers to the FORCIPROBATE SHEETSY COUNTY	3-20 96 Date Filed	
6. Continuation. The original financing statement between the foregoing Debtor and Secured 7. Termination. Secured Party no longer claims a security interest under the financing statement 8. Partial or The Secured Party's right under the financing statement bearing file number in property described in item 11 or to all of the property listed on this file, is assignment. 9. Amendment Secured Party releases the collateral described in item 11 from the financing number shown above.	nent bearing the file number shown above. shown above to the signed to the assignee th in item 11. statement bearing file	
AS RECORDED IN MAP BOOK 22, PAGE 35, IN TO JUDGE OF PROBATE.	TY OF QUAIL RIDGE SUBDIVISION THE OFFICE OF SHELBY COUNTY 11A Enter Code(s) From Back of Form That Best Describes The Coliateral Covered By This Filling:	_
Check X if covered: Products of Collateral are also covered.	_ 	
Check X if covered: Products of Collateral are also covered.	FIRST COMMERICAL BANK	
	FIRST COMMERICAL BANK BY: Signature (s) of Secured Circy(ies)	<u> </u>