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

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 Presente	The state of the s
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER
UNION PLANTERS BANK NATIONAL ASSOC C/O MAGNA MORTGAGE COMPANY ATTN: TRACEY CONWAY P O BOX 18001	IATION Date, Time, Number & Filing Office
HATTIESBURG MS 39404-8001	
Pre-paid Acct. #	e First if a Person)
8739155540	
GLASS SR., HERMIE P O BOX 1246 ALABASTER, AL 35007	
Social Security/Tax ID #	
Name and Address of Debtor (IF ANY) (Last Nam	e First if a Person)
	1.78 2.38 3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
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Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	
P O BOX 1858 HATTIESBURG MS 39403-1858 Social Security/Tax ID #	
Additional secured parties on attached UCC-E	021102
☐ This statement refers to original Financing Statement bearing File No Filed withSHELBY COUNTY	021183 Date Filed SEPT 23 19 88
	of on this file, is assigned to the assignee is filed. amended as set forth in item 11.
	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
·	
	· ——— ———
Check X if covered: Products of Collateral are also covered.	UNION PLANTERS BANK NATIONAL ASSOCIATION
	MAGNA MORTGAGE COMPANY, ATTORNEY-IN-FACT
Signature(s) of Debtor(s)	Signes (a) Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secure Party(ies)
Type Name of Individual or Business	Type Name of Individual or Business
FLING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACRONOWS FLING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	EDGEMENT STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 (5) FILE COPY DEBTOR/S) Approved by The Secretary of State of Alebema