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

09949

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

NION PLANTERS PMAC, INC. TTN: TRACEY CONWAY O BOX 18001 ATTIESBURG, MS 39404-8001  Pre-paid Acct #	filing pursuant to the Uniform Commercial Code.  HIS SPACE FOR USE, OF FILING OFFICER ate, Time, Number & Filing Office  87 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
NION PLANTERS PMAC, INC. TTN: TRACEY CONWAY O BOX 18001 ATTIESBURG, MS 39404-8001  Pre-paid Acct. #	# 1998-41618 /1998-41618 /1998-41618 PM CERTIFIED PM CERTIFIED 15.00
TTN: TRACEY CONWAY O BOX 18001 ATTIESBURG, MS 39404-8001  Pre-paid Acct # Name and Address of Debtor (Last Name First if a Person)  3739155651  VILLIAM J STUMAN  3608 HWY 17	4. 199 4. 199 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
O BOX 18001 ATTIESBURG, MS 39404-8001  Pre-paid Acct #	4. 199 4. 199 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
ATTIESBURG, MS 39404-8001  Pre-paid Acct #	4. 199 4. 199 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
Pre-paid Acct #	4. 199 4. 199 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
Name and Address of Debtor (Last Name First if a Person)  3739155651  VILLIAM J STUMAN  3608 HWY 17	世 五 五 五 三 三 三 三 三 三 三 三 三 三 三 三 三
Name and Address of Debtor (Last Name First if a Person)  3739155651  VILLIAM J STUMAN  3608 HWY 17	世 五 五 五 三 三 三 三 三 三 三 三 三 三 三 三 三
3739155651 VILLIAM J STUMAN 3608 HWY 17	- C
VILLIAM J STUMAN 608 HWY 17	- C
608 HWY 17	. M P A
608 HWY 17	A GU Z Z
	· · · · · · · · · · · · · · · · · · ·
HELENA, AL 35080	
IIIIIIIIIIII VALLE	
Social Security/Tax ID #	
Name and Address of Debtor (IF ANY) (Last Name First if a Person)	•
	•
	, and the state of
· · · · · · · · · · · · · · · · · · ·	M ED MATU
Social Security/Tax ID #	ILED WITH:
Additional debtors on attached UCC-E	A ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
NAME AND ADDITION OF SECURITY AND ADDITION OF	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
UNION PLANTERS PMAC, INC.	·
P. O. BOX 18001	
HATTIESBURG, MS 39404-8001	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
021782.029	9093, 38053
Sholby County	Dec. 13 80
Filed with	bearing file number shown above is still effective and remains effective
1 Termination Sacrifed Party IID IDITIES Charles a Security interest office with the second security interest of the second seco	IIIILTT G COLM-11-
Partial or The Secured Party's right under the financing statement bearing file number show	whapove to the
Assignment whose name and address appears in item 4.	
g. Amendment Financing statement bearing file number shown above is amended as set forth in Decured Party releases the collateral described in item 11 from the financing states.	item 11. Iement bearing file
Partial Secured Party releases the collateral described in item 11 from the intancing state     Release number shown above.	
	ALA CHA CAMAN From
	11A. Enter Code(s) From Back of Form That
	Best Describes The Collateral Covered Sty This Filipp:
	By This Filing:
· :	<b>_ _</b>
Check X if covered: Products of Collateral are also covered.	·
Check X if Covered: In Products of Conlateral are also covered.	Chateria Italia
	(/V)///ER \\(\mathreal\)////////////////////////////////////
······································	Signaturate) of Secured Partylins
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) UNION PLANTERS PMAC INC.
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) UNION PLANTERS PMAC INC.  Signature(s) of Secured Party(ies)