

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.

62100

REORDER FROM
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

<input type="checkbox"/> 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 Filing Officer for filing pursuant to the Uniform Commercial Code	
1. Return copy or recorded original to Union State Bank P.O. Box 647 Pell City, AL 35125		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
Pre-paid Acct. # _____		<div style="transform: rotate(-90deg); transform-origin: center;">Inst # 1999-02133</div> <div style="transform: rotate(-90deg); transform-origin: center;">01/15/1999-02133 12:14 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 CRH 15.00</div>			
2. Name and Address of Debtor (Last Name First if a Person) Rockett, James S. & Rockett, Danna S. 180 HWY 55, North Sterrett, AL 35147					
Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) _____		FILED WITH:			
Social Security/Tax ID # _____		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
<input type="checkbox"/> Additional debtors on attached UCC-E		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Union State Bank P.O. Box 647 Pell City, AL 35125		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
Social Security/Tax ID # _____		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>Judge of Probate, Shelby Co. 1994-05262</u> Filed with <u>Judge of Probate, Shelby Co.</u> Date Filed <u>2/16</u> 19 <u>94</u>		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:			
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective		_____			
7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above		_____			
8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.		_____			
9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11		_____			
10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		_____			
11. _____		_____			
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		_____			
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) <u>Barbara Deffen-Asst. Cashier</u> Signature(s) of Secured Party(ies) <u>Union State Bank</u> Type Name of Individual or Business			
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Type Name of Individual or Business			
Type Name of Individual or Business		Type Name of Individual or Business			