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

39085

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registre, Inc.
514 MERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer filing pursuant to the Uniform Commercial Code.	tor
as defined in ALA CODE 7-9-105(n). Return copy or recorded original to	30eets Fresenteo.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
C.D.S.I. MORTGA 3120 HIGHWOODS RALEIGH, NC 2	AGE SERVICES, INC. BLVD, SUITE 300 7604		
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Pre-paid Acct. #	(Last Name First if a Person)		M H W
SMITH, PATRICIA 312 D16 SOUTHGA PELHAM, ALABAMA	ATE ESTATES	1999-393	PH CERTIFE F RESERVED
Social Security/Tax ID #	······································	*	Can a s
	ANY) (Last Name First if a Person)	# # # # # # # # # # # # # # # # # # #	12: 1 SEL
Social Security/Tex ID #	······································	FILED WITH:	
Additional debtors on attached UCC-E		CUELDY COUNTY HIDGE OF PRO	BATE
SMALL BUSINESS AD POST OFFICE BOX 1 BIRMINGHAM, AL 3 Social Security/Tax ID #	2247 5202-2247		
5 YWThis statement refers to original Financing	g Statement bearing File No. 1994-26	278	
Fitted with SHELBY COUN	TY JUDGE OF PROBAT	E Date Filed AUGUST 24 1994	
 7. Termination. Secured Party no longer of 8. Partial or The Secured Party's right in property described in item Assignment. Whose name and address 9. Amendment Financing statement bearing 	laims a security interest under the financing state under the financing statement bearing file number 11 or to all of the property listed on this file, is as:	r shown above to the signed to the assignee orth in item 11.	
			Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
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	÷.		
Check X if covered: Products of Collatera	il are also covered.		
		SMALE BUSINESS ADMINISTRA	ATION
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only i	f item 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	SULVE OFFICER CORV. LOVINOVII EDGENERY	Type Name of Individual or Business	ERCIAL CODE FORM LICC-3