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

52911

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, 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 Presented:	This FINANCING STATEMENT is presented to filing pursuant to the Uniform Commercial Cod	a Filing Officer for
Return copy or recorded original to	·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
UNION STATE BANK P.O. BOX 647 PELL CITY, AL 35125			46 19 19 19 19 19 19 19 19 19 19 19 19 19
Pre-paid Acct #	Last Name First if a Person	<u>, </u>	51.15 1.17 1.17 1.18 1.18 1.18 1.18 1.18 1.18
Name and Address of Debtor	•		φ <u> </u>
G & M ELECTRICAL & PILMBING WHOLESALERS, INC GOODGAME, RONALD CRAIG 421 NORTH 1ST STREET ALABASTER, AL. 35007 Social Security/Tax ID			Inst * 199 12/20/1999 12/20/1999 SELBY COUNTY JUNE SELBY COUNTY JUNE SELBY COUNTY JUNE
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
P.O. BOX 647 PELL CITY, AL 35125 Social Security/Tax ID # Additional secured parties on attached UCC-E			- -
5. This statement refers to original Financing 5	Statement bearing File No. 1995-02	472	
Filed with SHELBY COUNTY		Date Filed 01/30/	19 <u>.95</u>
7 Termination. Secured Party no longer claim 8 Partial or The Secured Party's right un 1 Full property described in item 11 1 Assignment. Whose name and address ap 9. Amendment Financing statement bearing	ms a security interest under the financing stat der the financing statement bearing file numb or to all of the property listed on this file, is a	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 a	re also covered.		<u> </u>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(s)	aset Culiui
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) UNION STATE BANK	were correct
Type Name of Individual or Business		Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL. (3) F (2) FILING OFFICER COPY - NUMERICAL (4) F	ILING OFFICER COPY - ACKNOWLEDGEMENT ILE COPY - SECURED PARTY	STANDARD FORM — UI (5) FILE COPY DEBTOR(S) Approved b	NIFORM COMMERCIAL CODE — FORM UCC-3 y The Secretary of State of Alabama