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
ANDKA, MN, 55303
(612) 421-1713

		This FINANCING STATEMENT is presented to a Filing Officer for	<u></u>
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to	4	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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BANK OF ALABAMA			
P. O. BOX 59587			
BIRMINGRAM, AL 35209			
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			는 III iu
Pre-paid Acct. #			H &
2. Name and Address of Debior	(Last Name First if a Person)	$\widetilde{\omega}$	H & 8
CDCCPPPP BAMON & TD			F 85
CROCKETT, RAMON A., JR.		<u> </u>	Ω C
CROCKETT, MATALIE A.			
231 COMMERCE PARKWAY			
PELHAM, AL 35124	· .	<u> </u>	
			3
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		# 2 mm m m m m m m m m m m m m m m m m m
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		LOAN #29298	
	•	FILED WITH:	
Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROBATE	Alama Fired it a Barrant
3. NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last:	Name First if a Person)
BIRMINGHAM, AL 35209 Social Security/Tax ID #	<u>. </u>		
Additional secured parties on attached UCC-E	<u> </u>		
5. This statement refers to original Financing State	ement bearing File No. 1995-2610	<u>4</u>	•
	JUDGE OF PROBATE	Date Filed	-
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. whose name and address appears and Amendment Financing statement bearing file.	a security interest under the financing statemer the financing statement bearing file number shot all of the property listed on this file, is assign	ned to the assignee in item 11.	
11.		-	
•			ter Code(s) From ck of Form That
CONTR	THILL A SUFFICIAL	Bes	st Describes The Itateral Covered
CONT	INUATION		This Filing:
			·
			_
•			.
Check X if covered: Products of Collateral are	also covered		· — — — — ·
Check Air covered: Li Products of Collateral are			
			·
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	•
	Q je applicable)	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item	i o io mpanionato)	BANK OF ALARAMA	
Type Name of Individual or Business		Type Name of Individual or Business	CIAL COOF FORM LICC-3