## 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.

53075

REORDER FROM

Registre, Inc.
514 PIERCE ST.
P.O. 80X 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 a Filing C filing pursuant to the Uniform Commercial Code.	officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #935169  Name and Address of Debtor HOWARD, JAMES 6749 HWY 55 WILSONVILLE, AL. 35186	(Last Name First if a Person)		+ 2000-25-56  +/2000-26-86  PM CERTIFIED  COUNTY JUNE OF PROBATE  MES00
Social Security/Tax ID #(IF ANY)  A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		1rst 08/0 04:21 SEBY
HOWARD, DEBBIE SAME AS ABOVE			
Social Security/Tax ID #	<del></del>	FILED WITH:	<del></del>
Additional debtors on attached UCC-E  NAME AND ADDRESS OF SECURED PARTY) (Last Na			
SOUTHTRUST BANK, N.A. P.O. BOX 2465 BIRMINGHAM, AL 35201		4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF A	.NY) (Last Name First if a Person)
Social Security/Tax ID #		i İ	
Additional secured parties on attached UCC-E	27874		
5. This statement refers to original Financing Statement UUDGE OF PROBATE OF	SHELBY COUNTY	4-4-91 Date Filed	
☐ Full property described in item 11 or to all Assignment, whose name and address appears in 9. ☐ Amendment Financing statement bearing file numbers.	urity interest under the financing statemenancing statement bearing file number s of the property listed on this file, is assignted.	ent bearing the file number shown above. hown above to the ined to the assignee in item 11	
			HA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are also o	overed.	Sand arago	
Signature(s) of Debtor(s)	<del></del>	Signature(s) of Secured Party(ies)	<del></del>
Signature(s) of Debtor(s) (necessary only if item 9 is a	pplicable)	SOUTHTRUST BANK, N.A.	
Type Name of Individual or Business  1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFF	FICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business	OMMERCIAL CODE — FORM UCC-3