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

41778

(2) FILING OFFICER CORY , MUMERICAL

WELL COOK - CCCHOCO DADIV

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, 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 a Filing Officer for filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
REGIONS BANK LOAN OPERATIONS P.O. BOX 10247 BIRMINGHAM, ALABAMA 35202		44422 44422 11 F 1 E D 980841E	
Pre-paid Acct. #			1 X X
NORTH SHELBY BAPTIST CHURCH OF ALABAMA, INC. P.O. BOX 380816 BIRMINGHAM, ALABAMA 35238		Inst * 2000 12,21/2000	
Social Security/Tax ID #	(Last Name First if a Person)		
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	FILED WITH:	
NAME AND ADDRESS OF SECURED PARTY) (L. REGIONS BANK FKA FIRST P.O. BOX 216 PELHAM, ALABAMA 35125	ast Name First if a Person) ALABAMA BANK	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Social Security/Tax ID #	<u> </u>		
Additional secured parties on attached UCC-E 5 This statement refers to original Financing Statement bearing File No Filed with SHELBY COUNTY JUDGE OF PROBATE		1996-05748 Date Filed FEBRUARY 22, 1996-	
6 ☐ Continuation The original financing statement 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 9 ☐ Amendment Financing statement bearing file	a security interest under the financing statemer the financing statement bearing file number sl to all of the property listed on this file, is assign	larty, bearing file number shown above, is still effective. Ent bearing the file number shown above hown above to the need to the assignee in item 11.	
		11 A .	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 covered.		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	ر الم
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies) REGIONS BANK FKA FIRST A	ALABAMA BANK
Type Name of Individual or Business 1) FILING OFFICER COPY - ALPHABETICAL (3) FILIN	IG OFFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM - UNIFORM COMM	MERCIAL CODE — FORM UCC

JOSEPH C. CARN DERTORIOS