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

42730

## 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 filling pursuant to the Uniform Commercial Code.	Filing Office	r <b>for</b>
1. Return copy or recorded original to  RAY H MOORE 638 COUNTY ROAD 440 CHELSEA, AL 35043		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Pre-paid Acct #			2000-45260	THE CERTIFIED  THE SUBSECTION  THE SUBSECTION
Social Security/Tax ID #	NY) (Last Name First if a Person)		Inst *	10:59 A SELBY CE
Social Security/Tax ID #	<del></del>	FILED WITH:		
Additional debtors on attached UCC-E				
Social Security/Tax ID #  Additional secured parties on attached UCC-E				
5. This statement refers to original Financing St SHELBY COUNTY Filed with	19960833 tatement bearing File No.	3/14/1996		
<ul> <li>6.  Continuation. The original financing statement.</li> <li>7.  Termination. Secured Party no longer claim.</li> <li>8.  Partial or The Secured Party's right und property described in item 11 and Assignment. Whose name and address app.</li> <li>9.  Amendment Financing statement bearing financing.</li> </ul>	ns a security interest under the financing stateme ler the financing statement bearing file number si or to all of the property listed on this file, is assign	hown abo ended to thenee		
			E 6	inter Code(s) From lack of Form That lest Describes The collateral Covered by This Filing:
			- -	
Check X if covered: Products of Collateral and	<del>, , , , , , , , , , , , , , , , , , , </del>	D+ 1	<del>-</del>	10 12-00
FILED WITHOUT DEBTOR'S Signature(s) of Debtor(s)	<del></del>	Signature(s) of Segfred Party(ies)  REGIONS BANK F/K/A TALL	ADEGA	NATIONAL BANK
Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable)	Signature(s) of Secured Party(ies)		
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILI	ING OFFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business	000.000.00	BCM CODE FORMUCC A