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

11643

(2) Eli ING OFFICER CORY MUNICIPALITY

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
PROBINA, MN. 55303

STANDARD FORM - LINIFORM COMMERCIAL CODE - FORM LIGO &

☐ 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
Pre-paid Acct. # 894860	on <u>a</u>
Pre-paid Acct. #894860  Name and Address of Debtor (Last Name First if a Person)	50 60 E E E E E E E E E E E E E E E E E E
FLEMING, RONNIE	
121 CARLISLE RD VINCENT, AL 35178	
Social Security/Tax ID #	
A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	い。は、実施のは、は、対象のでは、としく、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、対象のでは、としくのでは、対象
CARLISLE, SONYA SAME AS ABOVE	
Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	FILED WITH.
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 Pers
SOUTHTRUST BANK P.O. BOX 2465	
BIRMINGHAM AL. 35201 Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
This statement refers to original Financing Statement bearing File No. 23406  Filed with JUDGE OF PROBATE OF SHELBY COUNTY	TY Date Filed 07-11-89
Continuation.  National Partial or Partial or Full Assignment.  Assignment.  Amendment Partial	bearing the file number shown above.  with above to the ed to the assignee 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 are also covered.	
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) SOUTHTRUST BANK
Type Name of Individual or Business  FILING OFFICER COPY - ALPHASETICAL (3) FILING OFFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business