

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
ANOKA, MN. 55303
(612) 421-1713

58665

<input type="checkbox"/> 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.
1. Return copy or recorded original to <div style="text-align: center;"> Union State Bank P. O. Box 647 Pell City, AL 35125 </div> Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;"> Frazier, Maggie A 50 Latham Dr. Vincent, AL 35178 </div> Social Security/Tax ID # _____		<div style="transform: rotate(-90deg);"> Inst # 2001-05341 02/15/2001-05341 11:12 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00 </div>
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> Union State Bank P. O. Box 647 Pell City, AL 35125 </div> Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		FILED WITH: <div style="text-align: center;"> Shelby Co. JOP </div>
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No <u>1999-40037</u> Filed with <u>Shelby County JOP</u>		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) <div style="text-align: right;"> Date Filed <u>9/24</u> 19 <u>99</u> </div>
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

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 Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

60120649

Signature(s) of Secured Parties

Signature(s) of Secured Party(ies)

Union State Bank

Type Name of Individual or Business