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

45804

(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY ACKNOWLEDGENERAL

Important: Read Instructions on Back Before Filling out Form.

MEORDER FROM

Registré, Inc.

7 M4 PIERCE ST.

14 MORA MA 55363

| ☐ 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 filling pursuant to the Uniform Commercial Cod | a Filing Officer for de. |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------|
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| REGIONS BANK | | Date, Time, Harmoor at Timing Office | |
| LOAN OPERATIONS/COLLA | TERAL | | n a |
| P.O. BOX 10247 BIRMINGHAM, ALABAMA 35202 | | | <u> </u> |
| | | | S ST S |
| | | | |
| Pre-paid Acct. # | | | 1 2 3 83 |
| Name and Address of Debtor | (Last Name First if a Person) | | 당 경반 별 |
| E.E.RAUGHLEY | | | מ ס ־ = |
| P.O. BOX 8 | a - | * % 3 | |
| SAGINAW, ALABAMA 3513 | 3/ | | ₩ |
| | | | |
| | | | |
| Social Security/Tax ID # | | | ₩ |
| 2A. Name and Address of Debtor (IF AN | NY) (Last Name First if a Person) | | |
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| Social Security/Tax ID # | | FILED WITH: | · · · · · · · · · · · · · · · · · · · |
| ☐ Additional debtors on attached UCC-E | | | |
| 3. 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 Person) |
| REGIONS BANK FKA FIRST | | | (|
| ATTN: COMMERCIAL LOAN | DEPARTMENT | | |
| P.O. BOX 10247 | \ F 0 0 0 | | |
| BIRMINGHAM, ALABAMA 3 | 35202 | | |
| Social Security/Tax ID # | | | |
| Additional secured parties on attached UCC-E | | | |
| 5. This statement refers to original Financing Statement bearing File No | | 1996-10596 | <u> </u> |
| | | Date Filed APRIL 2, 199 | 6-10596 |
| 6. Termination. The original financing statement. 7. Termination. Secured Party on longer claims. | nt between the foregoing Debtor and Secured | Party, bearing file number shown above, is still effective. | <u> </u> |
| 8. Partial or The Secured Party's right under | or the financing statement bearing file number : | shown above to the | |
| Full property described in item 11 or Assignment, whose name and address appears. | ir to all of the property listed on this file, is assign | gned to the assignee | |
| 4. Amendment Financing statement bearing file | e number shown above is amended as set fort | th in item 11. | |
| 10. Partial Secured Party releases the coll. Release number shown above. | ateral described in item 11 from the financing | statement bearing file | |
| 11. | · · · · · · · · · · · · · · · · · · · | | |
| | | | 114 Enter Code(s) F |
| CHANGE NAME OF SECURED PARTY TO REGIONS BAN | | ANK | 11A. Enter Code(s) From Back of Form That |
| | | | Best Describes The Collateral Covered |
| | | | By This Filing: |
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| | | | |
| Check X if covered: Products of Collateral are | also covered. | | |
| ······································ | · · · · · · · · · · · · · · · · · · · | | |
| AMEND WITHOUT DEBTOR : Signature(s) of Debtor(s) | SLGNATURE | Signature(s) of Secured Party(es) | (armiel) |
| | | or Secured Party(es) | |
| Signature(s) of Debtor(s) (necessary only if item | 9 is applicable) | Signature(s) of Secured Party(les) | |
| Type Name of Individual or Business | | REGIONS BANK FKA FIRST ALABAMA BANK Type Name of Individual or Business | |