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

30635 Important: Read Instructions on Back Before Filling out Form.

NAMEORDER FROM	
Megistran Inc.	
THE LABOR.	
P.D. 80X218	
AMOKA, MN. 55303	
Carried and the Carried was as	

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filling pursuant to the Uniform Comment	ersed to a Filing Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
UNION PLANTERS PMAC			
P O BOX 18001			
75 L — — — — — — —	1-8001		
	1 0001		3 3H E
_			The second secon
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	-	
	(Carot 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
NODCON DOCED D			O B
HOPSON, ROGER D 3730 HWY 77N			(2) 是3
COLUMBIANA, AL 35051			
oolonbrank, an Joogi	·		
Social Security/Tax ID #			700 3
Name and Address of Debtor (IF A	NY) (Last Name First if a Person)	-	
		<u> </u>	
HOPSON, DOROTHY S			· /*.
SAME	!		
		X 7 34	153798
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E			
NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
			(ravi) (cost (reme First ii a Ferson)
MAGNOLIA FEDERAL BANK			
P O BOX 1858			
HATTIESBURG, MS 39401	<u>I</u>		
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
☐ This statement refers to original Financing St	atement bearing File No. 1994-28174	· · · · · · · · · · · · · · · · · · ·	<u></u>
Filed withSHELBY CO		Date Filed 9-14-94	16
Partial or The Secured Party's right under property described in item 11 control Assignment. Whose name and address appropriate Amendment Financing statement bearing fit	s a security interest under the financing statemen or the financing statement bearing file number sho or to all of the property listed on this file, is assigne	own above to the ed to the assignee in item 11.	live.
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
* UNION PLANTERS BA FEDERAL BANK FOR	NK, NA, SUCCESSOR BY M SAVINGS	ERGER WITH MAGNOLIA	
			H
Chaob Vid named Classic Control			− / / / − − −
heck X if covered: Products of Collateral are	also covered.		7
Cioneta and Carta and Cart			*/_ /J
Signature(s) of Debtor(s)		Signature(s) of Secured 1 (les)	1/1/1/1/1/1/
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(a) Di Becured Party(ies) RT	DENDA CORR TITAL
Type Name of Individual or Business			RENDA GOFF VICE-PRESIDE
NO OFFICER ASSESSMENT	G OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM	- UNIFORM COMMERCIAL CODE CORMINGO A