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

07081

Important: Read Instructions on Back Before Filling out Form.

REDADER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANDIGE, MN. \$5303
(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	er for
FIRST COMMERCIAL BANK P.O. BOX 11746 BIRMINGHAM AL 35202-174	6	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	~~	
Pre-paid Acct. #			9353	353 FIED ROBATE
Name and Address of Debtor KOETTER, CHARLES 1229 CONCORD AVENUE BIRMINGHAM AL 35213	(Last Name First if a Person)		.t # 2001-2	AM CERTICONIV JUNE OF P
Social Security/Tax ID #			sh C	A 20
XOETTER, FAYE MCDONALD 1229 CONORD AVENUE BIRMINGHAM AL35213	(Last Name First if a Person)		₩ <b>-</b>	10.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3
Social Security/Tax ID #				
Additional debtors on attached UCC-E	**************************************	FILED WITH:	<del>.</del>	<del> </del>
3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	JUDGE OF PROBATE  4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	<del>-</del>	
P.O. BOX 11746 BIRMINGHAM AL 35202-174  Social Security/Tax ID #  Additional secured parties on attached UCC-E	6			
5. This statement refers to original Financing Statement Filed with JUDGE_OF_PROB	<b>Y</b>	32 O2-16-01	<u>-</u>	
Full property described in item 11 or to a Assignment whose name and address appears in Financing statement bearing file number shown above.  The Secured Party's right under the property described in item 11 or to a whose name and address appears in Financing statement bearing file number shown above.	financing statement bearing file number should of the property listed on this file, is assigni	rty, bearing file number shown above, is still effective. It bearing the file number shown above. It bear to the assignee		
TERMINATE # 2001-05532			Ba Be Co	iter Code(s) From ick of Form That ist Describes The olisteral Covered This Filling:
				- — — — — — — — — — — — — — — — — — — —
Check X if covered: Products of Collateral are also o	na			
Troducts of Collateral are also	covered.			
Signature(s) of Debtor(s)	····	Significant good of any of the		<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9 is a	pplicable)	Signature(s) of Secured Party(ies) FIRST COMMERCIAL BANK	<u> </u>	<del></del>
Type Name of Individual or Business  ) FILING OFFICER COPY - ALPHASETICAL (3) FILING OFF	FICER CORY - ACKNOWLEDGEMENT	Type Name of Individual or Business		· <del></del>

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT