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

07250

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

☐ 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.	
FIRST COMMERCIAL BANK P.O. BOX 11746 BIRMINGHAM AL 35202  Pre-paid Acct. #		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	18/17/2001-35181 18/17/2001-35181 1=45 PM CERTIFIED SHLEY COUNTY JUNCE OF PROBATE SHLEY COUNTY JUNCE OF PROBATE 5001 KSB 10.00
2A. Name and Address of Debtor (IF At Social Security/Tax ID #	NY) (Last Name First if a Person)	FILED WITH:	
Additional debtors on attached UCC-E		JUDGE OF PROBATE	
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)
FIRST COMMERCIAL BANK P.O. BOX 11746 BIRMINGHAM AL 35202  Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E	······································		
5. This statement refers to original Financing St	PROBATE SHELBY COUNTY	7 Date Filed 12-30-97	<del></del>
7. Partial or The Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 of Assignment. 9. Amendment Financing statement bearing fit Secured Party releases the columber shown above.  11. PARTIAL RELEASE:  LOTS 54 & 69, ACCORDING	er the financing statement bearing file number stor to all of the property listed on this file, is assigned in item 4. The number shown above is amended as set forth listeral described in item 11 from the financing statement of the SURVEY OF BEAMAP BOOK 27, PAGE 91.	nown above to the ned to the assignee in item 11.	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: ☐ Products of Collateral are	also covered.		
Signature(s) of Debtor(s) (pagestage only if item	n Q ie appliachtet	Signature(s) of Secures Party(ics)	
Signature(s) of Debtor(s) (necessary only if item  Type Name of Individual or Business	n a is abblicable)	FIRST COMMERCIAL BANK Type Name of Individual or Business	
	NG OFFICER COPY - ACKNOWLEDGEMENT	<del></del>	OBM COMMERCIAL CODE - FORM LICC.2