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

58613

Type Name of Individual or Business

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 pursuant to the Uniform Commercial Code	Filing Officer fo	or	
1. Return copy or recorded original to  REGIONS BANK LOAN OPERATIONS/COLLATERA		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		······································	
P.O. BOX 10247 BIRMINGHAM, ALABAMA 3520			Ö 10		
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Person)		440	LOOS FFIED PROMTE	
WALKER, KENNETH G.  1050 MERRY FOX FARMS ROAL ALABASTER, ALABAMA 35007  Social Security/Tax ID #	) 7–8512 		)st # 2001-	1/2001-41 PM CERT	00. xcx
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		}  	01:16	:
Social Security/Tax ID #	<del></del>	FILED WITH:			
☐ Additional debtors on attached UCC-E					
REGIONS BANK 3172 CAHABA HEIGHTS PLAZA BIRMINGHAM, ALABAMA 3524  Social Security/Tax ID #_		4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY)	/Last Name First if a Person	r)
☐ Additional secured parties on attached UCC-E			· · · · · · · · · · · · · · · · · · ·		
5. This statement refers to original Financing Statem Filed with SHELBY COUNTY JU	ent bearing File No	INST# 2000-06794  Date Filed MARCH 3, 200	00-06794	<b>4</b>	<b></b>
Full property described in item 11 or to Assignment whose name and address appears  9. Amendment Financing statement bearing file nu 10. Partial Secured Party releases the collater Release number shown above	ecurity interest under the financing stateme financing statement bearing file number s all of the property listed on this file, is assig	ent bearing the file number shown above shown above to the gned to the assignee that it is not the second to the assignee in the second to the	<u> </u>		
11.			Bac Bes Coll	er Code(s) From k of Form That t Describes The lateral Covered This Filing:	
				<u> </u>	<u> </u>
			_ _ _		_ _ _
Check X if covered: Products of Collateral are also	covered				<u> </u>
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Kanin B. M. a	mul	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(ies)  Signature(s) of Secured Party(ies)  REGIONS BANK	· · · · · · · · · · · · · · · · · · ·		

Type Name of Individual or Business