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

58623

(4) FU MIO OFFICER COOK ALTIMETERS (

AS ED MA ACCIOCO AGOV. LOVINOVII ESACMENT

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 Filling pursuant to the Uniform Commercial Code.	iling Officer for
Return copy or recorded original to	•	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
REGIONS BANK LOAN OPERATIONS/COLLATER P.O. BOX 10247 BIRMINGHAM, ALABAMA 352	RAL 202		
			006 ED ED
2. Name and Address of Debtor	(Last Name First if a Person)		-410 1006 1FIE
W.P.H. AN ALABAMA GENERAL PARTNERSHIP 111-A OWENS PARKWAY BIRMINGHAM, ALABAMA 35202			H
			# 1000 #
Social Security/Tax ID #	(Last Name First if a Person)		109/2 01:16 SELW
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (La			
Social Security / Tax ID #	202		
Additional secured parties on attached UCC-E		TNCM# 2001	
5. This statement refers to original Financing State Filed with SHELBY COUNTY J	TUDGE OF PROBATE	INST# 2001-24891 Date Filed JUNE 18, 200	<u> </u>
6. Continuation The original financing statement to Secured Party no longer claims at The Secured Party's right under to Party described in item 11 or to Assignment. Whose name and address appear Financing statement bearing file in the Secured Party's right under to property described in item 11 or to Assignment.	i security interest under the financing statement the financing statement bearing file number shot all of the property listed on this file, is assign	arty, bearing file number shown above, is still effective. In the bearing the file number shown above lown above to the led to the assignee In item 11	
			11A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are al	so covered.		
		Kanier B. M: Ca	mul
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies) REGIONS BANK	
Type Name of Individual or Business		Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·