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

56795

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

STANDARD FORM — LINIFORM COMMERCIAL CODE — FORM LICC-3

The Debtor is a transmitting utility	No. of Additional	This FINANCING STATEMENT is presented	to a Filing Officer	for
As defined in ALA CODE 7-9-105(n). Return copy or recorded original to	Sheets Presente	THIS SPACE FOR USE OF FILING OFFICER		<u> </u>
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Pre-paid Acct. #			Ř	유민
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305 Willow Hoven Al.	2111		tu	
Social Security/Tax ID #	75-277		دب الا	SI S
Name and Address of Debtor (IF AN)	(Last Name First if a Per	rson)	5 ⊷4	710 8.53 8.53 8.53 8.53
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E				
NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PA		(Last Name First If a Pe
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Social Security/Tax ID #		- Weytown.	Al ファ	7 >>
Additional secured parties on attached UCC-E	<u></u>	77009700		
☐ This statement refers to original Financing Sta	tement bearing File No 200	1-0/77	·	
Filed with	2U1ty	Date Filed	19-21	<u> 201</u>
Termination. Secured Party no longer claims ☐ Partial or The Secured Party's right under ☐ Fult property described in item 11 or ☐ Assignment, whose name and address apper ☐ Amendment Financing statement bearing file ☐ Partial Secured Party releases the colling statement and secured Party releases the colling statement.	a security interest under the financing of the financing statement bearing file not to all of the property listed on this file, ears in item 4. In a number shown above is amended as a state all described in item 11 from the final state all described i	is assigned to the assignee set forth in item 11. ancing statement bearing file		
Simm II A	Ism Suck	m	U 11A 1	Enter Code(s) From
S/000 1 11			! !	Back of Form That Best Describes The Collateral Covered By This Filing:
Parul 10.	4-20.0	007-007	-	
			-	
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Check X if covered: Products of Collateral are	also covered.	Stelle Co		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	b. To	
		100 cha //	1 full	<u></u>
Signature(s) of Debtor(s) (necessary only if item Type Name of Individual or Business	1 9 is applicable)	Signature(s) of Secured Party(ies) Type Name of Individual or Business	Co. To	<u> </u>

(4) FILING OFFICER CORY, ALPHARETICAL (2) FILING OFFICER CORY, ACKNOWLEDGEMENT