Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Security Pacific Housing Services, Inc.		
P.O. Box 385000 Birmingham, Al 35238-5000		
DIIMINGMAM, AI 33230 3000	·	
		Dur
) 9 5 9	
Pre-paid Acct. #		<i>O</i> ,
2 Name and Address of Debtor (Last Name First if a Person)		~3C
Pilman, James Victor	The second secon	Ş
5385 Way High Lane		CO
Birmingham, Al 35243		
_, _,		-
Shelby County 53000196		***
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	3	
Social Security/Tax ID #		
☐ Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a	Person)
Security Pacific Housing Services, Inc.		
P.O. Box 385000		
Birmingham, Al 35238-5000		
Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E		
		
This statement refers to original Financing Statement bearing File No. 017048		
Filed with Shelby County	Date File Mar 13, 19 87	
 Continuation. The original financing statement between the foregoing Debtor and Secured P Termination. Secured Party no longer claims a security interest under the financing statement 		
8. Partial or The Secured Party's right under the financing statement bearing file number s Full property described in item 11 or to all of the property listed on this file, is assig		
Assignment. whose name and address appears in item 4.	ned to the assignee	
Amendment Financing statement bearing file number shown above is amended as set forth 10. Partial Secured Party releases the collateral described in item 11 from the financing s		
Release number shown above.	21.00	
17.		
THIS FINANCING STATEMENT WILL B	BE EFFECTIVE 11A. Enter Code(s) From Back of Form That	I
UNTIL A TERMINATION STATEMENT I	S FILED. Best Describes The Collateral Covered	
	By This Filing:	
	<u>- 0 3 </u>	
	<u> </u>	
Maturity	Date: 02/21/1995	
Check X if covered: Products of Collateral are also covered.		
Signature(s) of Debtor(s)	Signature(s) of Secured Partyges	
Signature(s) of Debtov(s) Innocessor only if item D in continents	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	SATURATION OF SAICHER MEDICARY ()	
Type Name of Individual or Business	Security Pacific Housing Services, Inc. Type Name of Individual or Business	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY ACKNOWLEDGEMENT		DRM UCC-S

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

Li The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).

No. of Additional Sheets Presented: