

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

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
Registered, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANNONA, AL 36803  
(812) 421-1713

49152

|   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> 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.   |
| 1. Return copy or recorded original to<br><br>Rose Discount Mobile Homes, Inc.<br>198 Mobile Home Drive<br>Hickory, MS 39332<br><br>Pre-paid Acct. # _____  |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1996-36534</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">11/04/1996-36534</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">09:11 AM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">11.00</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MEL</p> </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>William C. Tompkins<br>256 sun Valley Cir<br>Sterrett, AL 35147-8928<br><br>Social Security/Tax ID # _____   |                                     | FILED WITH:   |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Debra Sorrell Tompkins<br>same<br><br>Social Security/Tax ID # _____   |                                     |   |
| <input type="checkbox"/> Additional debtors on attached UCC-E   |                                     |   |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br>Magnolia Federal Bank for Savings<br>P.O. Box 1858<br>Hattiesburg, MS 39403-1858<br>Social Security/Tax ID # _____  |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br>Rose Discount Mobile Homes, Inc.<br>198 Mobile Home Drive<br>Hickory, MS 39332   |
| <input type="checkbox"/> Additional secured parties on attached UCC-E   |                                     |   |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>015886</u><br>Filed with <u>Shelby County</u>   |                                     | Date Filed <u>12/31</u> 19 <u>91</u>  |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input checked="" type="checkbox"/> Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |   |

11.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Magnolia Federal Bank for Savings

Signature(s) of Secured Party(ies)

Sandra Touchstone  
Signature(s) of Secured Party(ies)

Sandra Touchstone, Vice President

Type Name of Individual or Business