☐ 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 filing pursuant to the Uniform Commercial (**************************************
1 Return copy or recorded original to: THE CIT GROUP/SALES FINAL PO BOX 24610	·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	· .	
OKLAHOMA CITY, OK 73124 322/19386457			· ·	
				е В Ш ш
Pre-paid Acct. #	// M	<u> </u>	W.	T I I
2. Name and Address of Debtor LEE, ROBERT E. 42 ANCHORWAY DR. SHELBY, AL 35143	(Last Name First if a Person)		\$ 2000-396	S/2000-396 AN CERTIF
Social Security/Tax ID#(IE AND)	() and blance Circle is a Danney		and the same of the same	- K - 5
2A. Name and Address of Debtor (IF ANY) UNDERWOOD, TERRY W. 42 ANCHORWAY DR. SHELBY, AL 35143	(Last Name First if a Person)		TOUT TOUR	111
Social Security/Tax ID#	·-····································	FILED WITH: SHELBY COUNTY	·····	<u>-</u>
Additional debtors on attached UCC-E	·			
3. NAME AND ADDRESS OF SECURED PARTY (La MELLICANS M. HOMES PO BOX 24610 OKLAHOMA CITY OK 73124	ist Name First if a Person)	l	ANY) (Last Nan ANCING	ne First if a Person)
Social Security/Tax ID#				
Additional secured parties on attached UCC-E	····			
5. X This Statement refers to original Financing Statement Filed with SHELBY COUNTY JUI		1 Date Filed 10/27/1995	1995	
7. Termination. Secured Party no longer claims and address appearance of the Partial Secured Party's right under property described in item 11 or Assignment. Whose name and address appearance of the Partial Secured Party releases the collar number shown above.	a security interest under the financing statem the financing statement bearing file number s to all of the property listed on this file, is assigned in item 4. number shown above is amended as set for iteral described in item 11 from the financing	shown above to the gned to the assignee the in item 11.	9 .	
11.1996 FLEETWOOD HICKORY VID# G	AFLS35AB10714HH		-	
TO BE FILED AS A FIXTURE FILING SEE COVER PAGE			11A. Enter Cod Back of F Best Des Collateral By This F	orm That cribes The ! Covered
		Λ _ Λ		
Check X if covered: Products of Collateral are als	so covered.	Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	 	· · · · · · · · · · · · · · · · · · ·
Type Name of Individual or Business		THE CIT GROUP SALES FI	NANCING, INC	4 * •
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING	OFFICER COPY - ACKOWLEDGEMENT COPY - SECURED (5)	Type Name of Individual or Business STANDARD FORM UN FILE COPY DEBTOR(S) Approved by	NIFORM COMMERCIAL CO y The Secretary of State of	ODE FORM UCC-3 Alabama