

**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
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

<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 STATES RESOURCES CORP 4848 S 131 ST OMAHA NE 68137		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) SLOAN, TIMOTHY M COUNTY ROAD 7 WILSONVILLE AL 35186		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Inst # 2001-18270 05/08/2001-18270 01:33 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MEL </div>
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) SLOAN, ANGELA R COUNTY ROAD 7 WILSONVILLE AL 35186		
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) GREEN TREE ACCEPTANCE INC P O BOX 3317 MONTGOMERY AL 36109		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		FILED WITH: SHELBY CO AL
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 17601 Filed with SHELBY		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) STATES RESOURCES CORP 4848 S 131 ST OMAHA NE 68137
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 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. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 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. ASSIGNED TO: STATES RESOURCES CORP 4848 S 131 ST OMAHA NE 68137		
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="display: flex; justify-content: space-between;"> <div> 602 801 803 </div> <div> _____ _____ _____ _____ _____ _____ </div> </div>		

11316249

HOLLIS, WILLIAM

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 _____

STATES RESOURCES CORP
 Signature(s) of Secured Party(ies) _____
 Signature(s) of Secured Party(ies) _____
DOUG BARTZATT, PRESIDENT
 Type Name of Individual or Business _____