Atlantic Financial Federal 1775 R.W. Berends Dr. SW Grand Rapids, MI 49509	
Pre-paid Acct. #) <u>9</u> %
Name and Address of Debtor (Last Name First if a Person)	and the second
White, Sam Hwy. 25 N. Vincent, AL 35178	
Social Security / Tax ID #	PROBATE STATES
2A Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
White, Lenora Hwy. 25 N.	
Vincent, AL 35178	
Social Security/Tax ID #	
Additional debtors on attached UCC-E	4 ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
3. SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
River Oaks Financial	Atlantic Financial Federal
31 Inverness Center Pkwy. Suite 120	1775 R.W. Berends Dr. SW
Birmingham, AL 35243	Grand Rapids, MI 49509
Social Security/Tax ID #	_
Additional secured parties on attached UCC-E	
5. This statement refers to original Financing Statement bearing File No014898	Date Filed August 25
Filed with Shelby County Probate Judge	Date + fied
6. M Continuation. The original financing statement between the foregoing Debtor and Secured 7. Termination. Secured Party no longer claims a security interest under the financing statement. Secured Party's right under the financing statement bearing file number property described in item 11 or to all of the property listed on this file, is assistant. 9. Amendment Secured Party's right under the financing statement bearing file number in item 4. 9. Amendment Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above is amended as set for Secured Party releases the collateral described in item 11 from the financing	nent bearing the life number showll above. shown above to the igned to the assignee th in item 11.
Release number shown above.	
	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
	_804
Check X if covered: Products of Collateral are also covered.	<u> </u>
Signature(s) of Debtor(s)	Genature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) Atlantic Financial Federal
Type Name of Individual or Business	Type Name of Individual or Business
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S)	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM U (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama

filing pursuant to the Uniform Commercial Code.

THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office

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

1. Return copy or recorded original to

No. of Additional Sheets Presented: