Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
GREEN TREE ACCEPTANCE, INC.	Dute, fine, ribinion at ming amount			
P.O. BOX 3317				
MONTGOMERY, AL 36109		1,	· 	
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Pre-paid Acct. #		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name and Address of Debtor (Last Name First if a Person)		5/19	N	
GOTHARD SR., JAMES B.		The state of the s	CO	
5333 WAYHIGH LANE				
BIRMINGHAM, AL 35243		1. E	6	
		TH 1		
		130	CT SE	
Social Security/Tax ID #		•		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)				
GOTHARD, MARY E.				
5333 WAYHIGH LANE				
BIRMINGHAM, AL 35243				
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 Persor	
GREEN TREE ACCEPTANCE, INC.				
P.O. BOX 3317				
MONTGOMERY, AL 36109				
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
	<u> </u>			
5. This statement refers to original Financing Statement bearing File No	Date Filed 6/25	/06	10	
Filed with	Oato / mod		19	
7. Termination. Secured Party no longer claims a security interest under the financing states	ment bearing the file number shown above.			
8. Partial or The Secured Party's right under the financing statement bearing file number Definition Full property described in item 11 or to all of the property listed on this file, is ass				
Assignment. whose name and address appears in item 4.				
9. Amendment Financing statement bearing file number shown above is amended as set for 10. Partial Secured Party releases the collateral described in item 11 from the financing				
Release number shown above. 11.			······································	
			11A Enter Code(s) From	
No additional money borrowed 223	03560		11A. Enter Code(s) From Back of Form That Best Describes The	
			Collateral Covered By This Filing:	
			_602	
			801	
			_8.0.3	
	14.00			
				- —
Chook V if covered: Draducte of Calleteral are also covered.				- —
Check X if covered: Products of Collateral are also covered.		· · ·		_
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)	1	om	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Section Phyty(ies)			
Type Name of Individual or Business	Type Name of Individual or Busines		TANCE, INC.	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT	STANDARD F	ORM — UNIFOR	M COMMERCIAL CODE — FORM U	CC-3
(2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S)	(5) FILE COPY DESTOR(S)	pproved by The (Secretary of State of Alabama	
		n 100 cm = 0	Common service Character C	

☐ 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.