☐ The Debtor is a transmitting utility as defined in ALA GODE 7-9-105(fi):	No. of Additional Sheets Presented:		NT is presented to a Filing Off m Commercial Code.	icer for
LANGE, SIMPSON, ROBINSON & S 1700 FIRST ALABAMA BANK BUI BIRMINGHAM, AL 35203 ATTN: MR. RICHARD TISHLER		THIS SPACE FOR USE OF FILING C Date, Time, Number & Filing Office	PFICER	
Pre-paid Acct. #	(Last Name First if a Person)			·
Sides , William R Route 2 Box 312 Pelham, Alabama	Lot G-13		91 AUG 13	UZZUJO I CERTI
Social Security/Tax ID #	NY) (Last Name First If a Person)		PROBATE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Social Security/Tax ID #				,
☐ Additional debtors on attached UCC-E		ARRIGRES XX RECENT OF THE SECOND OF THE SECO	lia×Eadaral×&	*PKXEOKXSOXXODS
RESOLUTION TRUST CORPORATION, RECEIVER FOR CITY FEDERAL SAVEINGS AND LOAN ASSOCIATION 2030 SECOND AVENUE, NORTH BIRMINGHAM, AL 35203		4 ASSIGNEE OF SECURED PART	eral Bank For MOBILE HOMES, INC. 7 ROSE 5-B	(Last Name First If a Person)
Social Security/Tax ID #				
Additional secured parties on attached UCC-E		022182	69-26	55
5. ☑ Xhis statement refers to original Financing St	atement bearing File No68809		· - · · · · · · · · · · · · · · · · · · ·	
Filed with Shelby Coun		Date Filed Mar	:h-29	84-2-13-89
8. Partial or The Secured Party's right under X Full property described in item 11 of Assignment. Whose name and address appoint of Amendment Financing statement bearing file.	s a security interest under the financing stateme er the financing statement bearing file number s or to all of the property listed on this file, is assig	ent bearing the file number shown above hown above to the ned to the assignee in item 11.	· ·	
		B.00	11,	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are	also covered.	RESOLUTION TRUST CORP	ODATION DESCRIPTION	——————————————————————————————————————
Signature(s) of Debtor(s)		State (98) of Secured Pa	ORATION, RECEIVER ND LOAN ASSOCIATION OF THE PROPERTY OF THE P	PUR 0 N
Signature(s) of Debtor(s) (necessary only if iten	n 9 is applicable)	BY:	IT'S ATTORI	VEY - IN - FACT
Type Name of Individual or Business	NO OFFICER CORY ACCUSES TO STATE OF THE STAT	Type Name of Individual or	Business	
	ING OFFICER COPY — ACKNOWLEDGEMENT E COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S)	NDARD FORM — UNIFORM COM Approved by The Secrets	MERCIAL CODE FORM UCC-3 iry of State of Alabama