

1. Return copy or recorded original to

LEADER FEDERAL BANK FOR SAVINGS
P.O. BOX 275
MEMPHIS, TN 38101-0275

3-28751-14

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

CLEMENTS, ALLEN L.
31 STACEY DRIVE PLAZA PINES 2 MHP
ALABASTER, AL 35007

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

CLEMENTS, STEPHANIE HL.
31 STACEY DRIVE PLAZA PINES 2 MHP
ALABASTER, AL 35007

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)

LEADER FEDERAL BANK FOR SAVINGS
P.O. BOX 275
MEMPHIS, TN 38101-0275

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No. 017983
Filed with SHELBY COUNTY

Date Filed AUGUST 26 19 87

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. ☐ Partial or Assignment. 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. ☒ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

PLEASE ADD THIS STATEMENT TO THE ORIGINAL FINANCING STATEMENT; NO ADDITIONAL MONIES ARE BEING LOANED.

THIS FINANCING STATEMENT SHALL REMAIN EFFECTIVE UNTIL A TERMINATION STATEMENT IS FILED.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

LEADER FEDERAL
Type Name of Individual or Business

(1) FILING OFFICER COPY — ALPHABETICAL
(2) FILING OFFICER COPY — NUMERICAL

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT
(4) FILE COPY — SECOND PARTY(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama

029393

STATE OF ALABAMA
1991 SEP 16 PM 12:13
JAMES W. HAYES
JAMES W. HAYES