

☐ 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

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

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

3-22107-18

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

BAKER, ROSE E.  
ROUTE 2, BOX 630  
CALERA, AL 35040

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

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. 016552

Filed with SHELBY COUNTY

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

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 Full 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.

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

THIS FINANCING STATEMENT REMAINS EFFECTIVE  
UNTIL A TERMINATION STATEMENT IS FILED.

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

029419

STATE OF ALABAMA  
1991 SEP 18 PM 1:25  
DEPT OF REVENUE

13.00