Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
LEADER FEDERAL BANK FOR SAVINGS	
MEMPHIB, TN 39101-0275	
3-22170-10	
Pre-paid Acct. #	
2. Name and Address of Debtor (Last Name First if a Person)	
STEPHENSON, CURTIS	
P.O. BOX 1247	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ALABASTER, AL 35007	\$ <b>3 3 3 3 3 3 3 3 3 3</b>
Social Security (Tay ID #	
Social Security / Tax ID #	- 1
STEPHENSON, LINDA J.	
P.B. BOX 1247	
ALABASTER, AL 35007	
Light Country of the	
Social Security/Tax ID #	
☐ Additional debtors on attached UCC-E	A ADDIONIES OF DECLIDED DADTY OF AND OF THE STATE OF THE
3. SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (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.   11665	4000; 07 07
Filed with SHELBY COUNTY	Date Filed_MARCH 27 19 87
<ul> <li>6. Continuation. The original financing statement between the foregoing Debtor and Secured</li> <li>7  Termination. Secured Party no longer claims a security interest under the financing stater</li> <li>8. Partial or The Secured Party's right under the financing statement bearing file number</li> <li>Full property described in item 11 or to all of the property listed on this file, is ass</li> </ul>	ment bearing the file number shown above. I shown above to the
Assignment. whose name and address appears in item 4.  9. Amendment. Financing statement bearing file number shown above is amended as set for	rth in item 11.
10. Partial Secured Party releases the collateral described in item 11 from the financing	
Release 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 Secured Paty(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)
	Type Name of Individual or Business
Type Name of Individual or Business  (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
(2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S)  Approved by The Secretary of State of Alabama
	· · · · · · · · · · · · · · · · · · ·

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

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

No. of Additional Sheets Presented: