☐ 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 filling pursuant to the Uniform Commercial Code.
Return copy or recorded original to	Show in the same of the same o	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
s and services of the management of the manageme	CAUTMOC	
LEADER FEDERAL BANK FOR	2HAINAU	- ··· -
P.C. BOX 275		
MEMPHIS, TN 38101-0275		
3-35756-14		3
Pre-paid Acct. #		
2. Name and Address of Debtor	(Last Name First if a Person)	
		2652
SIMMONS, BRENDA M.		
P.O. BOX 257		
WILSONVILLE, AL 35186		8 3 3 3
Social Security/Tax ID #		9,7 232
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
		ROBATE SEE
Social Security/Tax ID #		FILED WITH:
☐ Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY) (Las	t Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
LEADER FEDERAL BANK FOR	SAVINES	
P.O. BOX 275		
MEMPHIS, TN 38101-0275		
Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E	. <u></u>	· · · · · · · · · · · · · · · · · · ·
5. This statement refers to original Financing Statement bearing File No. 019809 Filed withSHELBY COUNTY		
		Date Filed APRIL 14 19 88
6. Continuation. The original financing statement b	etween the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.
 7. Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under the 	security interest under the tinancing statem he financing statement bearing file number	ent bearing the file number shown above. shown above to the
☐ Full property described in item 11 or to	all of the property listed on this file, is ass	
9. Amendment Financing statement bearing file n	umber shown above is amended as set for	th in item 11.
10. Partial Secured Party releases the collate Release number shown above.	ral described in item 11 from the financing	statement bearing the
11.	······································	
		11A. Enter Code(s) From Back of Form That
PLEASE ADD THIS STATEMENT TO THE ORIGINAL FINANCING Best Describes The Collateral Covered By This Filing:		
STATEMENT; NO ADDI	TIONAL MONIES A	RE BEING LOANED.
	STATEMENT SHALL RE	
UNTIL A TERMIN	ATION STATEMENT IS	FILED
Check X if covered: Products of Collateral are al	so covered.	
Signature(s) of Debtor(s) Signature(s) of Debtor(s)		
Signature(s) of Secured Party(ies)		
- LEADER FEDERAL U		
······································		THE THE PARTY OF T
		State of Alabama