☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMER	NT is presented to a Filing	Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING O		
Security Pacific Housing	J Services, Inc.	Date, Time, Number & Filing Office		
P.O. Box 385000				
Birmingham, Al 35238-5	5000			<u>ر</u> د
				S C C
Pre-paid Acet #				
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)			
Donard Dander B	(Coor (Control in St ii da i Gradii)		<u>\</u> \	2. S
Denard, Randy E. P.O. Box 1257				2
			E D	
Alabaster, Al 35007				
Shelby County	F30000F0		육, ⁷ 心	
SHELDY COUNTY	53000050		- ₹	₹ ≺∽
Social Security/TaxID #_			**OB	20 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			力芸芸
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			e jul	
			•	
Social Security/Tax ID #				
		_		
Additional debtors on attached UCC-E	······································			
3. SECURED PARTY (Last Name First if a Person)	_	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Security Pacific Housing	Services, Inc.			
P.O. Box 385000				
Birmingham, Al 35238-5	000			
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E		7		
	<u> </u>	<u> </u>	 -	· · · · · · · · · · · · · · · · · · ·
5. XXThis statement refers to original Financing Stateme				
Filed with Shelby County		Date Filed Jan.	15 , 19	87
Full property described in item 11 or to all whose name and address appears in Financing statement bearing file num Secured Party releases the collateral Release number shown above.	financing statement bearing file number s ill of the property listed on this file, is assign	ent bearing the file number shown above, shown above to the gned to the assignee h in item 11. statement bearing file	3.00 x 8.00	=21.00
11.			·	
THIS FINANC	CING STATEMENT WILL	L BE EFFECTIVE	11	A. Enter Code(s) From
UNTIL A TE	RMINATION STATEMENT	r is filed.		Back of Form That Best Describes The
				Collateral Covered By This Filing:
				1_0_3
				_6_0_2
Check Yill covered: Til Bradwate of Callins III				
Check X if covered: Products of Collateral are also o	covered.	 .	A	
			>// /	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(
Signature(s) of Debtor(s) (necessary only if item 9 is a	applicable	47acu_	Tay Key	•
	тььноявые)	Signature(s) of Secure Party(~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Type Name of Individual or Business		Type Name of Individual or 8u	Siness	SERVICES, INC.
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OF (2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY	FICER COPY — ACKNOWLEDGEMENT Y SECOND PARTY(S)	"		MMERCIAL CODE — FORM UCC-3