STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

Registré, Inc. 514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105			STATEMENT is presented to a Filing the Uniform Commercial Code	Officer for
Security Pac Services, In P.O. Box 385	ific Housing	THIS SPACE FOR USE OF Date, Time, Number & Filin	FILING OFFICER	
Pre-paid Acct. #		irst if a Person)		
venport, Char	les William			
. l Box 9 elby, Al 3514	1.3			
elby County				
Social Security/Tax ID # 2A. Name and Address of Debtor	(IF ANY) (Last Name F	irst if a Person)		
venport, Mary . 1 Box 9	Sue			
elby, Al 3514	13			
Social Security / Tax (D #				
Additional debtors on attached to SECURED PARTY (Last Name F		4. ASSIGNEE OF SECURE	ED PARTY (IF ANY)	(Last Name First if a Person)
Birmingham, Social Security/Tax ID #	A1 35238-5000 			
Additional secured parties on at	ached UCC-E			
_	inal Financing Statement bearing File No		July 2, 198	 37
6XXX Continuation The original for Secured Party 8 Partial or The Secured property description Assignment whose name 9XXX Amendment Financing sta	no longer claims a security interest under the Party's right under the financing statement bea ribed in item 11 or to all of the property listed o and address appears in item 4 tement bearing file number shown above is am	tor and Secured Party, bearing file number shown tinancing statement bearing the file number showing file number shown above to the on this file, is assigned to the assignee tended as set forth in item 11.	wn above, is still effective.	
10. Partial Secured Party Release number show	releases the collateral described in item 11 front above.	om the financing statement bearing file	22.0	0 0
This fi	nancing statement termination state	will remain effec ement is filed.	tive	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Maturit	y Date: 06/18/199	9 Accoun	t # 53000649	1 0 3 — — — 6 0 2 — — —
Check X if covered Product	s of Collateral are also covered.			
			5, // /	
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (nec	essary only if item 9 is applicable)	Signature(s) of Se	ecured Partylies C Housin	g Services, Ir
Type Name of Individual or B (1) FILING OFFICER COPY ALPHAR		<i></i>	dividual or Business	OMMERCIAL CODE FORM UCC-3

(2) FIUNG OFFICER COPY NUMERICAL