## 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.

☐ 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 pursuant to the Uniform Commercial Code.	
Return copy or recorded original to	or Carringo	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Leader Federal Bank for Savings P.O. Box 275			
Memphis, Tennessee 38	101-0275		
2 21707 14			
Pre-paid Acct. # 3-31797-14  2. Name and Address of Debtor	(Last Name First if a Person)	<u> </u>	<b>(</b> ****)
er·			
Fletcher, Don F.			n He s
Route 1 Calera, AL 35040			ជា 🛣 🛎 🛎
			8 8
Social Security/Tax ID #			Zzeg
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
Elotobor Domolo A			<b>★ □</b> □
Fletcher, Pamela A. Route l		*	
Calera, AL 35040			
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E		Shelby Co. Probate	
3. NAME AND ADDRESS OF SECURED PARTY) (Last N	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Leader Federal Bank fo	or Savinos		
P.O. Box 275	or buvings		
Memphis, Tennessee 38	3101-0275		
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	· 	
Additional secured parties on attached UCC-E		· · · · · · · · · · · · · · · · · · ·	
5. This statement refers to original Financing Stateme	int bearing File No. <u>019191</u>	Date Filed Feb 3	
6. Continuation. The original financing statement beto			, 19 <del>QQ</del>
→ 7.   ☐ Termination. Secured Party no longer claims a se		ent bearing the file number shown above.	
	If of the property listed on this file, is assig		
9. 🔲 Amendment Financing statement bearing file num	nber shown above is amended as set forted described in item 11 from the financing is		14 60
Release number shown above.		· ·	14.00
	··.		11A. Enter Code(s) From
			Back of Form That Best Describes The Collateral Covered
•			By This Filling:
		у. У	6.0.2
			·
	· · · · · · · · · · · · · · · · · · ·		<del></del>
	•		
Check X if covered: Products of Collateral are also	covered.	<u> </u>	<u> </u>
Signature(s) of Debtor(s)	<del></del>	Signature(s) of Secured Party(ies)	mt_
		·	
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(les)  Leader Federal Bank	for Savings
Type Name of Individual or Business		Type Name of Individual or Business	ORM COMMERCIAL CODE — FORM UCC-3