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

Important: Read Instructions on Back Before Filling out Form.

|   |   | # (612) #21-1713  |
|---|---|---|
| ☐ 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 Filling Officer for filling pursuant to the Uniform Commercial Code. |
| Return copy or recorded original to   |   | THIS SPACE FOR USE OF FILING OFFICER  |
| Security Pacific  | Housing   | Date, Time, Number & Filing Office  |
| Services, Inc.  |   |   |
|   |   |   |
| P.O. Box 385000   |   |   |
| Birmingham, Al 35238-5000   |   |   |
|   |   |   |
| •   |   |   |
| Pre-paid Acct. #  |   |   |
| 2. Name and Address of Debtor   | (Last Name First if a Person)   | <u> </u>  |
| Pitts, Charlotte Ken  | drick   |   |
| P.O. Box 188  |   |   |
|   |   | ង   |
| Chelsea, Al 35043   |   | ## ## ## ## ## ## ## ## ## ## ## ## ##  |
|   |   |   |
| Shelby County   |   |   |
|   |   | To 0 5 😓  |
| Coole) Coqueity (Tay ID #   |   | t tn a  |
| Social Security/Tax ID #  | NY) (Last Name First if a Person)                                       |   |
| ZA. (Valine and Address of Debto) (iii A                                    | (Last Hatte I not it of order)  |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| Social Security/Tax ID #  | ······  | FILED WITH:   |
| Additional debtors on attached UCC-E  |   |   |
| 3. NAME AND ADDRESS OF SECURED PARTY)                                       | (Last Name First if a Person)   | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)   |
| Security Pacific  |   | , Inc.  |
| P.O. Box 385000   |   |   |
|   | E 2 2 0 E 2 2 0   |   |
| Birmingham, Al 3  | 5236-5000   |   |
|   |   |   |
| Social Security/Tax ID #  |   |   |
|   |   | <del>=</del>  |
| ☐ Additional secured parties on attached UCC-E                              |   | ·   |
| 3757  | Statement bearing File No01.76  | 7615  |
| ★ M This statement refers to original Financing S                           |   |   |
| Filed with Shelby Co  |   | Date FiledJuly_21,19_87   |
| 6. 🛮 Xontinuation. The original financing statement                         | ent between the foregoing Debtor and Secure                             | red Party, bearing file number shown above, is still effective.   |
| 7. Termination. Secured Party no longer claim                               |   |   |
|   | ter the financing statement bearing file number                         |   |
| ☐ Full property described in item 11 Assignment, whose name and address app | or to all of the property listed on this file, is as<br>nears in item 4 | assigned to the assignee  |
|   | file number shown above is amended as set for                           | et forth in item 11.  |
| -   | ollateral described in item 11 from the financing                       |   |
| Release number shown above.   |   |   |
| 11.   |   |   |
| real of the second  |   | 11A. Enter Code(s) From   |
|   | _   | I remain effective Back of Form That  |
| until a term  | ination statement   | t is filed. Collateral Covered  |
|   |   | By This Filing:   |
| Maturity Dat  | A •   | -1-0-3  |
| Maturity Dat  | 07/01/2002  | Account # 53000691  |
|   | - •   |   |
|   |   | · ——————  |
|   |   |   |
|   |   | · — — — — — — — — — — — — — — — — — — —   |
|   |   |   |
|   |   | /   |
| Check X if covered:  Products of Collateral ar                              | re also covered.  |   |
|   |   |   |
|   |   |   |
| Signature(s) of Debtor(s)   |   | Signature(s) of Secured Party(ies)  |
| Disconnected at Botto (194)   | an O in condition to the  | - Cinnatural Water Control Designation  |
| Signature(s) of Debtor(s) (necessary only if its                            | an a is abblicable)   | Security Partic Housing Services, In  |
| Type Name of Individual or Business   |   | Type Name of Individual or Business   |
| . Jpo there of minimum of Dubliggs  |   | · / F. · · · · · · · · · · · · · · · · · ·  |

(4) FILE COPY - SECURED

(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL