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

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Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
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(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres	sented to a Filing Officer for ercial Code.
1. Return copy or recorded original to Security Pacifi Services, Inc.	c Housing	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P.O. Box 38500 Birmingham, Al	00		200 E
Pre-paid Acct. #			
2 Name and Address of Debtor Hitt, Diane D. Rt. 2 box 195 E	(Last Name First if a Person)		1997 F
Columbiana, Al 35 Shelby County)(J)1		15 t 1
Social Security/Tax ID # 2A. Name and Address of Debtor	(IF ANY) (Last Name First if a Person)		FI C
Hitt, William Rt. 2 Box 195 E Columbiana, Al 35			
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) Jefferson Federal Savings and Loan Association		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
215 North 21st Street Birmingham, Al 35203			
Social Security/Tax ID #	 		
☐ Additional secured parties on attached UC	C-E	•	· · · · · · · · · · · · · · · · · · ·
5XX This statement refers to original Financing Statement bearing File No017723		Date Filed July 23	3, 19 87
6. Continuation. The original financing statement beautiful Assignment. The original financing statement beautiful and property described in items. The Secured Party's right property described in items. Whose name and address statement beautiful and property described in items.	atement between the foregoing Debtor and Secured For claims a security interest under the financing statement bearing file number some the financing statement bearing file number some 11 or to all of the property listed on this file, is assign.	Party, bearing file number shown above, is still effect the ent bearing the file number shown above. Shown above to the med to the assignee I in item 11.	ective
	financing statement	•	Constens Covered
until	l a termination state	ement is filed.	By This Filing:
Matur	rity Date: 08/15/2002	Account # 05320003	6- 0-2 ——— 3088 ——— ———
Check X if covered: Products of Collate	eral are also covered.		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(les)	
Signature(s) of Debtor(s) (necessary only		Signature(s) of Secured Party(les)	-age
Type Name of Individual or Business		Jefferson Federal S Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL	(3) FILING OFFICER COPY-ACKNOWLEDGEMENT (4) FILE COPY - SECURED	ASSOCIATION STANDARD FO	ORM — UNIFORM COMMERCIAL CODE — FORM UCC- oproved by The Secretary of State of Alabama