

**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.**

REORDER FROM  
**Register, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

|  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code.          |
| 1. Return copy or recorded original to:<br><b>Security Pacific Housing Services, Inc.</b><br>P.O. Box 385000<br>Birmingham, Al 35238-5000  |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office   |
| Pre-paid Acct. # _____<br>2. Name and Address of Debtor (Last Name First if a Person)<br><b>Hosmer, Noah</b><br>P.O. Box 104<br>Alabaster, Al 35007<br><br>Shelby county<br><br>Social Security/Tax ID # _____   |                                     | Inst # 1992-09669<br><br>05/29/1992-09669<br>01:02 PM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br><br>001 MCD 92.00 |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><b>Hosmer, Jessie</b><br>P.O. box 104<br>Alabaster, Al 35007<br><br>Social Security/Tax ID # _____  |                                     |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E  |                                     |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><b>Jefferson Federal Savings and Loan Association</b><br>215 North 21st Street<br>Birmingham, Al 35203<br><br>Social Security/Tax ID # _____   |                                     |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E  |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  |
| <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>017527</u><br>Filed with <u>Shelby County</u>  |                                     | Date Filed <u>July 9,</u> 19 <u>87</u>   |
| 6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input checked="" type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |  |

This financing statement will remain effective until a termination statement is filed.

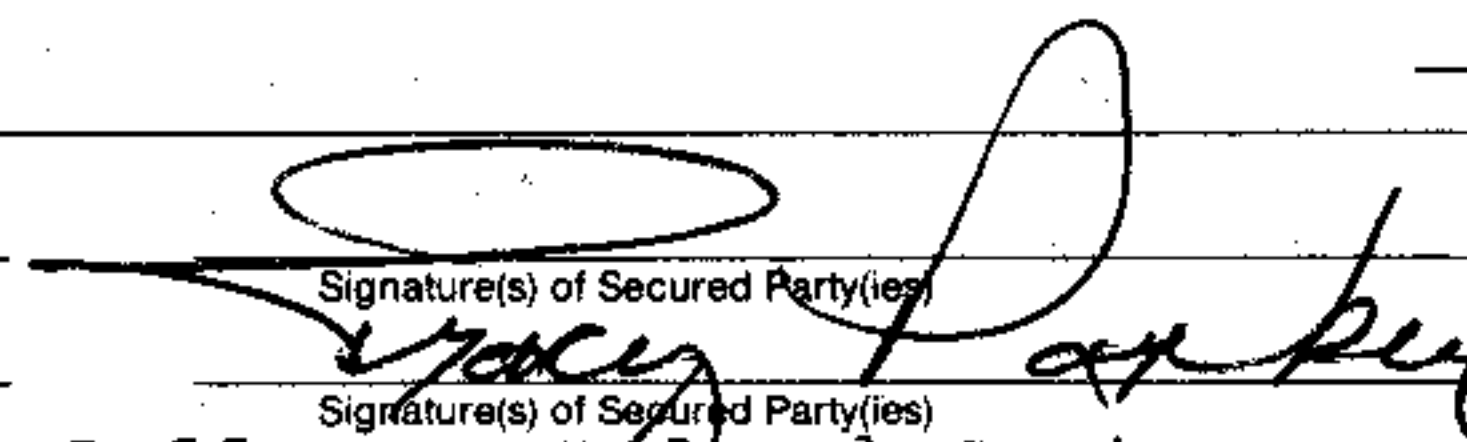
Maturity Date: 07/01/1997

Account # 05320003060

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

|     |     |     |     |     |
|-----|-----|-----|-----|-----|
| 1   | 0   | 3   | --- | --- |
| 6   | 0   | 2   | --- | --- |
| --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- |

Check X if covered: ☐ Products of Collateral are also covered.

|  |  |  |
|--|--|--|
| Signature(s) of Debtor(s)  | <br>Signature(s) of Secured Party(ies)<br><b>Jefferson Federal Savings &amp; Loan Association</b><br>Type Name of Individual or Business |  |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable) |  |  |
| Type Name of Individual or Business                                |  |  |