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

## 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 filing pursuant to the Uniform Commercial Comme	o a Filing Officer for ode.
1 Regregaring Cific Housing Services, Inc.		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P.O. Box 385000			
Birmingham, Al 35238-5000			
Pre-paid Acct. #			
Mims, Linda Collum P.O. Box 1067 Calera, Al 35040 Shelby County	(Last Name First if a Person)		
			-gr-4
Social Security/Tax ID #	(Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	
□ Additional debtors on attached UCC-E			
NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Jefferson Federal Savings and Loan Association 215 North 21st Street Birmingham, Al 35203		4. ASSIGNEE OF SECURED PARTY (IF AN	NY) (Last Name First if a Person)
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E		·	
5. XXhis statement refers to original Financing Statement bearing File No017901		Date Filed Aug 21 19 87	
7. Termination. Secured Party no longer claims a  8. Partial or The Secured Party's right under property described in item 11 or  Assignment. whose name and address appears  9. Amendment Financing statement bearing file	a security interest under the financing stateme the financing statement bearing file number s to all of the property listed on this file, is assig	shown above to the gned to the assignee in item 11.	
This fir	ancing statement	will remain effective	11A. Enter Code(s) From  Back of Form That  Best Describes The
	termination state		Collateral Covered  By This Filing:
Maturity	Date: 08/15/	1997 Account # 53200031	6_0_2 114
Check X if covered: To Products of Collateral are a	also covered.		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	Des .
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(er of Secured Party(ies)  Jefferson Federal Savi	ings & Loan
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILIN	IG OFFICER COPY-ACKNOWLEDGEMENT	ASSO Type Name of Individual or Business STANDARD FORM —	UNIFORM COMMERCIAL CODE FORM UCC-3