STATE OF ALABAMA — UNIFORM COMMERCIAL CODE 20.00 STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

9

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 presented to a Fill filling pursuant to the Uniform Commercial Code. | Officer for |
|---|---|--|---|
| Security Pacific Financial Services, A Division of Bank of America, FSB. P.O. Box 385000 Birmingham, Al 35238-5000 Pre-paid Acct. # | | Date, Time, Number & Filing Office | 11/12/1993-01089 02:29 PM CERTIFIE SHELN COUNTY JUNGE OF PROBATE ONL NO. 22.00 |
| 2. Name and Address of Debtor (Last Name First if a Person) Ledford, Darrin P.O. Box 1003 Columbiana, Al 35051 | | | |
| Shelby County | | | |
| 2A. Name and Address of Debtor (IF ANY) Ledford, Carolyn P.O. Box 1003 Columbiana, Al 35051 | (Last Name First if a Person) | | |
| Social Security/Tax ID # | <u> </u> | FILED WITH: | <u> </u> |
| ☐ Additional debtors on attached UCC-E | | | |
| 3. NAME AND ADDRESS OF SECURED PARTY) (Last I | Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) | (Last Name First if a Person) |
| Security Pacific Hote P.O. Box 385000 Birmingham, Al 3523 Social Security/TaxID# | 38–5000 Int bearing File No. <u>019654</u> | | 19 <u>88</u> 8:24am |
| 7. Termination. Secured Party no longer claims a se 8. Partial or The Secured Party's right under the property described in item 11 or to a whose name and address appears in Financing statement bearing file numbers. | curity interest under the financing statement financing statement bearing file number shall of the property listed on this file, is assign | nt bearing the file number shown above. nown above to the ned to the assignee in item 11. | |
| 11. | · · · · · · · · · · · · · · · · · · · | | 11A. Enter Code(s) From Back of Form That |
| which does not | t constitute inv | rs a mobile home entory and remains statement is filed. | Best Describes The Collateral Covered By This Filling: 103 602 |
| Maturity Date: | 03/18/2003 | Account # 53001485 | |
| Check X if covered: Products of Collateral are also | covered. | | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) | ing Services, Inc |
| Signature(s) of Debtor(s) (necessary only if item 9 is | applicable) | Security Paycific House | Ald Services, inc |
| Type Name of Individual or Business | | Type Name of Individual or Business | |