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.

RECREER FROM
Registre, Inc.
514 MERCE ST.
RO, 80X 215
ANOKA, MN. 55303

| as defined in ALA CODE 7-9-105(n) | No. of Additional Sheets Presented | filing pursuant to the Uniform Comm | esented to a Filing Officer for ercial Code. | |
|---|---|--|---|---|
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | | |
| Leader Federal Bank for Savings P.O. Box 275 Memphis, TN 38101-0275 | | | | 175 11ED |
| 33578618 Pre-paid Acci. # | | | | |
| Childers, Ava L. 117 Cedar Grove Pk. Maylene, AL 35114 | (Last Name First if a Person) | | t # 1993- 11 PH CER | |
| Social Security/Tax ID # | | | ž . | 9 9 8 |
| Childers, Clifford L. 117 Cedar Grove Pk. Maylene, AL 35114 | (Last Name First if a Person) | | | |
| Social Security/Tax ID # | | FILED WITH: | | <u> </u> |
| Additional debtors on attached UCC-E | | The Judge of Prob | ate | |
| 3. NAME AND ADDRESS OF SECURED PARTY) (Li | ast Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) (Last | Name First if a Person) |
| Leader Federal Bank fo P.O. Box 275 Memphis, TN.38101-0275 Social Security/Tex ID # | | | | |
| Additional secured parties on attached UCC-E | | | | |
| 5. This statement refers to original Financing State Shelby Co. | ement bearing File No0296 | 93 Date Filed | 10/21 19 91 | |
| 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 Secured Party releases the collaboration. | a security interest under the linancing state the financing statement bearing file numbe to all of the property listed on this file, is ass | ment bearing the file number shown above. It shown above to the signed to the assignee of the in item 11 | Mective. | |
| Release number shown above. | | | | |
| THIS FINANCING STATEMEN STATEMENT IS FILED. | | | Bes Coli By 1 | or Code(s) From k of Form That t Describes The steral Covered This Filling: |
| THIS FINANCING STATEMEN | | | Bes Coli By 1 | k of Form That t Describes The steral Covered |
| THIS FINANCING STATEMEN STATEMENT IS FILED. | of mobile home to | | Bes Coli By 1 | k of Form That t Describes The ateral Covered This Filing: |
| THIS FINANCING STATEMEN STATEMENT IS FILED. Please amend year model | of mobile home to | | Bes Coli By 1 | k of Form That t Describes The ateral Covered This Filing: |