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

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

The Debter is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presente filing pursuant to the Uniform Commercial	d to a Filing Officer for Code.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	ed .∰
Security Pacific Ho	ousing		518 181 181 181
Services, Inc.			
P.O. Box 385000			
Birmingham, Al 35238-5000			
Pre-paid Acct. #		,	
2. Name and Address of Debtor	(Last Name First if a Person)		* 7 = = *
Smith, Donald			+ 9 4 ≥ 8
Rt. 2 Box 19J			
Calera, Al 35040			
	``		· · · · ·
Shelby County			
Social Security/Tax ID #	Y) (Last Name First if a Person)	-	
ZA. NEINS BITC ACCRESS OF DECKOT	(Cast Harris Villatina Castaly		
Smith, Jacqueline			
Rt. 2 Box 19J			
Calera, Al 35040			
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)	4. ASSIGNEE OF SECURED PARTY (#F	ANY) (Last Name First if a Person)
3. HAME AND ADDRESS OF SECONED FARMING	ELIGITION THE HELD OF THE HELD		
Taffaman Podomol S	awings and		
Jefferson Federal S Loan Association	avings and		
215 North 21st Str	eet		
—	203		
☐ Additional secured parties on attached UCC-E		(
5. This statement refers to original Financing Sta	stement bearing File No.	021200	
Filed with Shelby County		Date Filed Sep 28	199 11:18AM
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 of Assignment. Whose name and address appropriate Amendment Financing statement bearing file.	s a security interest under the financing statem or the financing statement bearing tile number of or to all of the property listed on this file, is assi-	shown above to the gned to the assignee the item 11.	/e.
11.			11A. Enter Code(s) From Back of Form That Best Describes The Colleteral Covered By This Filing:
which doe	es not constitute	overs a mobile home inventory and remain ion statement is fil	1 0 3 s 6 0 2 ed
Maturity	Date:	Account #	
	09/01/00	7 5 3 2 0 0 0 3 8 7	2 \ \
Check X if covered: Products of Colleteral are	s also covered.	(Att March	
Signature(s) of Debtor(s)	····	Signature(s) of Secured Partities	
Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable) J∈	Signature(s) of Secured Party(les) efferson Federal Savi	ngs & Loan
Type Name of Individual or Business	P	SSOC1700E New Port Individual or Business	— UNIFORM COMMERCIAL CODE — FORM UCC-3