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.

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pr	resented to a Filing Office	er for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER		n. lil
NationsCredit Commerce P.O. Box 468029 Atlanta, GA 30346	ial Corp.	Date, Time, Number & Filing Office	93-20077	SERTIFIE F PROBATE OF THE PROBATE OF PROBATE
Pre-paid Acct. #			U1 med	光差重星
2. Name and Address of Debtor	(Last Name First if a Person)	<u> </u>	₩	2 2 2 3
Harmon, Barry J. 524 11th Street., NW Alabaster, AL XXXX 35				720
Social Security/Tax ID #			• •	
2A. Name and Address of Debtor (IF AN	Y) (Last Name First if a Person)	1 ;	.i	
Harmon, Debra L. 524 11th Street, NW Alabaster, AL 3500 M 7				
Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
MMAC P.O. Drawer 59808 Birmingham, AL 35259 Social Security/Tax ID #				
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing State 5helby Co	itement bearing File No022905 Ounty	Date Filed May	8 19 89	<u></u>
8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears of the Amendment Financing statement bearing file. 10. Partial Secured Party releases the collination of the Party releases the Collinati	s a security interest under the financing statement or the financing statement bearing file number si or to all of the property listed on this file, is assig	nt bearing the file number shown above. hown above to the ned to the assignee in item 11.		Enter Code(s) From
Terminated:	•		F 1 A.	Back of Form That Best Describes The Collateral Covered By This Filling:
5/10/93				
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	•	•		
C19906816-809				
Check X if covered: Products of Collateral are	also covered.			
		· • • • • • • • • • • • • • • • • • • •		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)		10 m
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les)	un / (a	201/10/
Type Name of Individual or Business		Type Name of Individual or Busines		MERCIAL CODE — FORM UCC-3

PHONE 1-800-441-1020 PULL-A-PART BUSINESS FORMS (I) FILING OFFICER COPY-ALPHABETICAL

001-00061

Approved by The Secretary of State of Alabama