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 ST	TATEMENT is presented to e Uniform Commercial Co	a Filing Office	r for
Return copy or recorded original to		THIS SPACE FOR USE OF F Date, Time, Number & Filing	ILING OFFICER		
NationsCredit Commercial P.O. Box 468029 Atlanta, Ga 30346-8029	Corp.	Date, Time, Number & Filling	Oince	8551	HERED STATE OF STATE
				Qi i	
Pre-paid Acct. #				Ŕ	1 11
2. Name and Address of Debtor	(Last Name First if a Person)			gi D	で S S S S S S S S S S S S S
Hester, Gregory L. Rt 1 Box 227G Columbiana, AL 35051				Inst + 1	12:51 PH SEE OF THE
Social Security/Tax ID # 2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)				•
· ···· · · · · · · · · · · · ·					· .
	- ·				, e
♥ .					
Social Security/Tax ID #		<u>}</u> :			
Additional debtors on attached UCC-E		4 400,04,55,05,05,04,050	DADTY : OF AM	<u>, , , , , , , , , , , , , , , , , , , </u>	ant Nama First if a Bareas)
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED	PARTY (IF AN	(Y) (L	ast Name First if a Person)
MMAC P.O. Box 59573 Homewood, AL Social Security/Tax ID #					
☐ Additional secured parties on attached UCC-E	······································	-			•
5. This statement refers to original Financing Statement		019577			
Filed withShelby (Date Filed	<u>Mar 21</u>	19 <u>88</u>	<u> </u>
Full property described in item 11 or to a Assignment, whose name and address appears in 9. Amendment Financing statement bearing file numbers.	curity interest under the financing stateme financing statement bearing file number s Il of the property listed on this file, is assig	ent bearing the file number shown hown above to the need to the assignee in item 11.		11A.	Enter Code(s) From
Termination: 8-31-93	*			(Back of Form That Best Describes The Collateral Covered
C19727501-809					By This Filling:
					_ _
				•	
;					
Check X if covered: Products of Collateral are also	covered.	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Sec		, 70	1 4 - 1 1
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Sec	Liftegarne	<u> </u>	edet Mg
Type Name of Individual or Business		MMAC Type Name of Indiv	ridual or Business		·
	NE 1-800-441-1020	001-00061	STANDARD FORM — U	NIFORM COMM	IERCIAL CODE — FORM UCC-3