## STATE OF ALAL STATEMENTS OF CONTINUATION, PARTIAL RECEASE, ASSIGNMENT, ETC. — FORM DC.—

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 presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
	C43864759	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
NationsCredit			
PO Box 468029			
Atlanta, GA 30346			
·			
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person	<del></del>	
Name and Address of Debtor	(Last Maine 1 45t il a l'elsoi	′   <b></b>	. செய்
Moore, Sam R.		୍ଦ ଧ	9 H M
102 Pintail Drive		<u>₹</u>	化甘露 Si
Pelham, Alabama 35124			4 K &
			SE S
Social Security/Tax ID #			<b>0</b> 0 _ − − − − − − − − − − − − − − − − − −
Name and Address of Debtor (IF ANY)	(Last Name First if a Person	<u></u> )	A SE
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			3.6
-		,	五58
Social Security/Tax ID #	<u> </u>		
Additional debtors on attached UCC-E			
SECURED PARTY (Last Name First if a Person)	· · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last	Name First if a Person
NationsCredit Commercial	Corporation		
PO Box 468029			
Atlanta, GA 30346			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E		<del></del>	
· · · · · · · · · · · · · · · · · · ·	1993-13	525	
This statement refers to original Financing Statement Shelby County	ent bearing File No.	Date Filed May 12 19 93	
riled with	ween the foregoing Debtor and Secure	ed Party, bearing file number shown above, is still effective.	
Termination. Secured Party no longer claims a se		ement bearing the file number shown above.	
☐ Full property described in item 11 or to a	all of the property listed on this file, is a		
	nber shown above is amended as set t		
Partial Secured Party releases the collaters Release number shown above.	al described in item 11 from the financi	ng statement bearing file	
		Baci	r Code(s) From k of Form That
Taxable 00/47/02		Colli	Describes The steral Covered
Terminated 09/17/93		ву в	his Filing:
			_ <del>_</del>
		_	
			<del>_</del> _
Check X if covered: Products of Collateral are also	covered.	<u></u>	
· · · · · · · · · · · · · · · · · · ·	•	^	
Signature(s) of Debtor(s)		Signature(a) of Secured Party(ies)	man
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable	Signature(s) of Secured Party(ies)	
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Type Name of Individual or Business	······································	// Type Name of Individual or Business	

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

Approved by The Secretary of State of Alabama