## 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

REGRDER FROM
Registre, Inc.
514 PIERCE 5T.
P.O. BOX 218
ANOKA MN. 55303
(612) 421-1713

STANDARD FORM — UNIFORM COMMERCIAL CODE —

Approved by The Secretary of State of Alah-

| ☐ 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.  |             |  |
|---|--|--|-------------|--|
| SECURITY PACIFIC HOUSI<br>P.O. BOX 385000<br>BIRMINGHAM, AL 35238   | NG SERVICES  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  |             |  |
|   |  |  | 9           | ريم<br>سالگ  |
| Pre-paid Acot. #  | (Last Name First if a Person)  |  | * 1994-0297 | PM CERTIFIE<br>COMMINGE OF PROBATI<br>OF AD . OF   |
| 2A. Name and Address of Debtor (IF ANY) WHITFIELD, NORMA 680 RD 36 CHELSEA, AL 35043  | (Last Name First if a Person)  |  | Inst        | 01/8<br>01:32<br>SHELBY  |
| Social Security/Tax ID #  |  | FÌLED WITH:  |             | <u> </u>   |
| Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (La   |  | 4. ASSIGNEE OF SECURED PARTY   | (IF ANY)    | (Last Name First if a Person)  |
| A/K/A 1ST SOUTHERN FEDI P.O. BOX 160029 MOBILE, AL 36616 Social Security/Tax ID #  Additional secured parties on attached UCC-E |  |  |             |  |
| 5. This statement refers to original Financing State Filed withSHELBY COUNTY  | ement bearing File No. 027798  | Date Filed MARCH 25  | 19.01       |  |
| <ul> <li>6.  Continuation. The original financing statement</li> <li>7.  Full</li></ul>   | a security interest under the financing statement<br>the financing statement bearing file number shot all of the property listed on this file, is assign | arty, bearing file number shown above, is still effect<br>to bearing the file number shown above.<br>sown above to the<br>ned to the assignee<br>in item 11. |             |  |
| 11. PAID IN FULL 3/17/93<br>ACCT#5302009905   |  |  | 11A         | Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: |
| Check X if covered: Products of Collateral are a  | aiso covered.  |  |             |  |
| Signature(s) of Debtor(s)   | · · · · · · · · · · · · · · · · · · ·  | Signature(s) of Secured Party(ies)   | M           | ,  |
|   | Q le applicable)   |  | AT CAUTIC   | O 13 % Site 3 /22 /3   |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  Type Name of Individual or Business                         |  | ALTUO TO BANK OF PRINTERAL SAVINGS BANK A/K/A  1ST COUTHERN PEDERAL S&L Type Name of Individual of Susiness L. S&L   |             |  |

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(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT

(4) FILE COPY - SECURED