## 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 PIÈRCE ST.
RO. 80 X 218
ANDKA, MN. 55303
(612) 421-1713

| 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 filing pursuant to the Uniform Commercial Coo | a Filing Offic<br>te. | er for                                   |
|---|--|--|-----------------------|--|
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                |                       |  |
| Green Tree Financial Corpo  | oration  | Date, Time, Number at Imig Office  |                       |  |
| P.O. Box 3317   |  |  |                       |  |
| Montgomery, AL 36109  |  |  |                       |  |
|   |  |  | <b>~</b>              |  |
|   |  |  | 36                    | TE T |
| Pre-paid Acct. #  |  |  | ପ୍ର                   | 986<br>171<br>8                          |
| Name and Address of Debtor  | (Last Name First if a Person)  |  | Q                     | 9 - 3 - 3                                |
| Washington, James N.  |  |  | *                     | ) (Z.                                    |
| Rt. 2 Box 350   |  |  | 9,                    | 46日景                                     |
| Maylene, AL 35124   |  |  | <del>upil</del>       | T E E                                    |
|   |  |  | #                     |  |
|   |  |  | فه                    | المسترة عد المسترة                       |
| Social Security/Tax ID #  |  |  | Ø<br>C                | 33/6<br>1.27<br>SELW                     |
| 2A. Name and Address of Debtor (IF ANY)   | (Last Name First if a Person)  | <u>-</u>   | 퓌                     |  |
| Washington, Tracy   |  |  |                       |  |
| Rt. 2 Box 350   |  |  |                       |  |
| Maylene, AL 35124   |  |  |                       |  |
|   |  |  |                       |  |
|   |  |  |                       |  |
| Social Security/Tax ID #  |  | FILED WITH:  |                       | g  |
|   |  |  |                       |  |
| ☐ Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (Last I   | Name First if a Person)  | 4. ASSIGNEE OF SECURED PARTY (IF AN)   | ()                    | (Last Name First if a Person)            |
| Budget Home Center, Inc.  | Haine Frist it a Falsonj   | Green Tree Acceptance,   |                       | (Last Hame i list ii a i cison)          |
| P.O. Box 782J, Highway 31   | South  | P.O. Box 3317  |                       | ι,                                       |
| Pelham, AL 35124  |  | Montgomery, AL 36109   |                       |  |
|   |  |  |                       |  |
| Social Security/Tax ID #  |  | 16.00  |                       |  |
| ☐ Additional secured parties on attached UCC-E  |  | 1600   |                       |  |
| ——————————————————————————————————————  | 000640   |  |                       | <del></del>                              |
| 5. This statement refers to original Financing Statement Country  |  | 1/7  | 1989                  |  |
| Filed with Shelby County  |  | Date Filed 4//   | 1903                  | <u></u>                                  |
| <ol> <li>6. XXContinuation. The original financing statement bet</li> <li>7.  Termination. Secured Party no longer claims a se</li> </ol> |  |  |                       |  |
|   | e financing statement bearing file number st<br>all of the property listed on this file, is assign |  |                       |  |
| Assignment, whose name and address appears i  | n item 4.  |  |                       |  |
|   | mber shown above is amended as set forth<br>al described in item 11 from the financing s           |  |                       |  |
| Release number shown above.   |  |  |                       |  |
| 11.   |  |  |                       |  |
| NO ADDITIONAL MONEY BORRO   | WED  |  | 11A.                  | Enter Code(s) From<br>Back of Form That  |
|   |  |  |                       | Best Describes The Collateral Covered    |
| #77301907   |  |  |                       | By This Filing:<br>602                   |
|   |  |  |                       | 801                                      |
|   |  |  |                       | 803                                      |
|   |  |  |                       |  |
|   |  | •  |                       |  |
|   |  |  |                       |  |
| 01 - 4 M/4 4 M D - 4 - 4 - 4 0 - 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4  |  |  |                       |  |
| Check X if covered: Products of Collateral are also   | covered.   | <u></u>  |                       |  |
|   |  |  |                       | <i></i>                                  |
| Signature(s) of Debtor(s)   | ————————————————————————————————————   | Signature(a) of Secured Party(196)   | [ /                   | Sullen                                   |
| Signature(s) of Debtor(s) (necessary only if item 9 is  | applicable)  | Signature(syof Secured Party(ies)  |                       |  |
| Type Name of Individual or Business   | <u> </u>   | Green Tyee Acceptance. ] Type Name of Individual of Business                           | nc.                   |  |
|   | DEFICER COPY-ACKNOWLEDGEMENT   |  | NIFORM COM            | MERCIAL CODE — FORM UCC-3                |