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	No. of Additional	This FINANCING STATEMENT is present	ented to a Filling Off	icer for
as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	Sheets Presented:	filing pursuant to the Uniform Commer THIS SPACE FOR USE OF FILING OFFICER	rcial Code.	
NATIONSCREDIT F/K/A CHRYSLER FIRST POST OFFICE BOX 3946 BIRMINGHAM, ALABAMA 35208		Date, Time, Number & Filing Office		CERTIFIED
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		Q,	8 0 5 ≥
DURANCE, MATHUS 21095 HIGHWAY 55 NORTH STERRETT, ALABAMA 351	47		***************************************	06/27/1 03:45 PM SHELW COUNTY
Social Security/Tax ID #	(Last Name First if a Person)			
Social Security/Tax ID #	_			đ
☐ 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)
NATIONSCREDIT F/K/A CHRYS POST OFFICE BOX 3946 BIRMINGHAM, ALABAMA 352 Social Security/Tax ID #	į			
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statement Filed with <u>JUDGE_OF_PROBATE</u>	•	Date FiledJUNE_8,	19_9	2
Full property described in item 11 or to all Assignment, whose name and address appears in 9. Amendment Financing statement bearing file num 10. Partial Secured Party releases the collateral Release number shown above.	urity interest under the financing statement inancing statement bearing file number sho of the property listed on this file, is assigne	t bearing the file number shown above. own above to the ed to the assignee n item 11.	ctive.	
SEARS TO FURNISH MATERIAL AND LABOR TO INSTALL A SEARS BEST ARMIDILLO FENCE 11 ½ GAUGE FIVE FT HIGH, 951 OF FENCING, 3 WALK GATES, 1 DRIVE GATE 10 CORNER POSTS AND 8 TERMINAL POSTS. 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:				
Check X if covered: Products of Collateral are also c	overed.			
				
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)		
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Silinature(s) of Secured Party(ies)	IAL SERVI	CES CORP.
Type Name of Individual or Business	······································	Type Name of Individual or Business		