

# 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  
Register, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. Return copy or recorded original to<br><br>Ford Consumer Finance Co., Inc.<br>P O Box 22008<br>Tampa, FL 33622-2008<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1994-22545</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">07/18/1994-22545</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">02:37 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCD 11.00</p> </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Nunnally, Kevin D. & Stephanie K.<br>1261 County Rd. 61 S.<br>Wilsonville, AL 35186<br><br><div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | FILED WITH:<br><br>Judge of Probate Shelby County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br>Ford Consumer Finance Co., Inc.<br>P O Box 2208<br>Tampa, FL 33622-2008<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>023080</u><br>Filed with <u>Judge of Probate Shelby County</u> Date Filed <u>5-31</u> 19 <u>89</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input checked="" type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11. No additional funds issued.<br><br>Please add the following names as additional debtors:<br>Fuller, Bobby J. & Linda A.<br>1261 County Rd. 61 S.<br>Wilsonville, AL 35186<br><br>SS # <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div><br>SS # <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="text-align: right;"> <u>6 0 2</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Signature(s) of Debtor(s)<br/> <br/>           Signature(s) of Debtor(s) (necessity only if item 9 is applicable)<br/> </div> <div style="width: 45%;">           Signature(s) of Secured Party(ies)<br/> <br/>           Signature(s) of Secured Party(ies)<br/> <br/>           Ford Consumer Finance Company, Inc. /Agent<br/>           Type Name of Individual or Business         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |