## CONTRACTOR 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 PIERCE ST.
P.O. 80× 218
ANOKA, MN. 55303
(612) 421-1713

Approved by The Secretary of State of Alabama

☐ The Debtor is a transmitting utility	No. of Additional	This FINANCING STATEMENT is presented to a Filing C filing pursuant to the Uniform Commercial Code.	Micer for
as defined in ALA CODE 7-9-105(n).  1. Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	· · · · · · · · · · · · · · · · · · ·
SECURITY PACIFIC HOUS	STNG SERVICES	Date, Time, Number & Filing Office	_
DIVISION OF BANK OF AMERICA, FSB		រា	in iii iii
P.O. BOX 385000		<b>₩</b>	16 E
BIRMINGHAM, AL 35238		<u>o</u> j	9 H & 8
		(i)	0 F 5
Dec maid Anna M		<b>ψ</b>	400
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Person)	ζ.	<b>(1)</b>
HORTON, RUSSELL			まる 10 10 10 10 10 10 10 10 10 10
P.O. BOX 970		<b>*</b>	
COLUMBIANA, AL 3505	L	#* :**	9/3 152 SELW
	•	Č.	<b>57 **</b> 35
		<b>├─</b>	0
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
HORTON, PEGGY			
P.O. BOX 970			
COLUMBIANA, AL 350	51		
<del>-</del>			
Social Security/Tax ID #		FILED WITH:	•
☐ Additional debtors on attached UCC-E	<u> </u>		
3. NAME AND ADDRESS OF SECURED PARTY) (Las	st Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
SECURITY PACIFIC HOUS	SING SERVICES		
P.O. BOX 385000 BIRMINGHAM, AL 3523	ο		
BIRMINGHAM, AL 3523	0		
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing State	ement bearing File No. 023489		
Filed withSHELBY		Date Filed	<u> </u>
<ul> <li>7.</li></ul>	s security interest under the financing stateme the financing statement bearing file number sl to all of the property listed on this file, is assig	hown above to the ned to the assignee in item 11.	
ACCOUNT PAID IN FULL 2/19/93 ACCOUNT #53002715			ITA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			<del></del>
			<u> </u>
			<del></del>
Check X if covered: Products of Collateral are a	also covered.		
Signature(s) of Debtor(s)		gignature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	
		SECURITY PACIFIC HOUSING  Type Name of Individual or Business	SERVICES
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING	G OFFICER COPY-ACKNOWLEDGEMENT		COMMERCIAL CODE — FORM UCC-3

(5) FILE COPY DEBTOR(S)

(4) FILE COPY - SECURED

(2) FILING OFFICER COPY - NUMERICAL