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. BOX 218
ANOKA, MN. 55303
(612) 421-1713

Return copy or recorded original to SECURITY PACIFIC HOUSING SERVICES, DIVISION OF BANK OF AMERICA, FSB P.O. BOX 385000 BIRMINGHAM, AL 35238 Pre-paid Acct. #	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office ODLEE - 766 June - 766 ODLEE - 766
DIVISION OF BANK OF AMERICA, FSB P.O. BOX 385000 BIRMINGHAM, AL 35238 Pre-paid Acct. #	94-33700 CERTIFIED CERTIFIED .00
DENNYS MOBILE HOME PARK LOT # 143 ALABASTER, AL 35007 Social Security/Tax ID #	Inst # 1 11/10/1 01:17 Pr
A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	•
On sint On south (Tay 10 #	FILED WITH:
Social Security/Tax ID #	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
P.O. BOX 385000 BIRMINGHAM, AL 35238 Social Security/Tax ID #	
5. This statement refers to original Financing Statement bearing File No	23895
Filed with SHETBY COUNTY	Date Filed 09-21-89 19
 6. Continuation. 7. Telephysion. 8. Partial or Full Property described in item 11 or to all of the property listed on this file, is as whose name and address appears in item 4. 9. Amendment Partial Secured Party releases the collateral described in item 11 from the financing statement. 10. Partial Secured Party releases the collateral described in item 11 from the financing the number shown above. 	er shown above to the signee orth in item 11.
ACCOUNT # 53002929	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
ACCOUNT PAID IN FULL 08-25-94	By This Filling:
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signature(s) Secured Party(tes)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) SECURITY FACFIC HOUSING SERVICES Type Name of Individual or Business
Type Name of Individual or Business (i) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC Approved by The Secretary of State of Alabama

(5) FILE COPY DEBTOR(S)

(2) FILING OFFICER COPY - NUMERICAL

(4) FILE COPY - SECURED