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

☐ The Debtor is a transmitting utility	No. of Additional		This FINANCING STATEMENT is presented to a filing pursuant to the Uniform Commercial Code	a Filing Office	cer 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 Time, Number & Filing Office			
ECURITY PACIFIC HOUSING		Date,	Tillia, (Valider & Fining Onice			
DIVISION OF BANK OF AM	ERICA FSB					
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Pre-paid Acct. #		_) (E 7 2 2	
Name and Address of Debtor	(Last Name First if a Person)			r D	4日間	
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AYLENE, AL 35114				4	ス で () () () () () () () () () ()	
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Social Security/Tax ID #				 	To	
	ANY) (Last Name First if a Person)					
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AAS, MICHAEL T r 2 box 229						
AYLENE, AL 35114						
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Social Security/Tax ID #		FILEC	O WITH:		•	
Additional debtors on attached UCC-E		<u> </u>	AND THE OF SECURED PARTY (IE ANY		(Last Name First if a Person)	
3. NAME AND ADDRESS OF SECURED PART	Y) (Last Name First if a Person)	4. A	SSIGNEE OF SECURED PARTY (IF ANY	,	(Last Ivaine First ii a Ferson)	
IRMINGHAM, ALABAMA 3523 Social Security Tax ID # Additional secured parties on attached UCC-I	·					
<u></u>	12652					
5. This statement refers to original Financing Statement bearing File No			Date Filed			
7. Partial or The Secured Party no longer of The Secured Party's right of Pull property described in item Assignment. Whose name and address of Secured Party releases the Release number shown above.	ement between the foregoing Debtor and Secured saims a security interest under the financing statement bearing file number of the property listed on this file, is assignable as in item 4. In a file number shown above is amended as set forter collateral described in item 11 from the financing	nent bear shown a igned to t th in item	ring the file number shown above. shove to the the assignee 11.			
11.	16.04			11/	A. Enter Code(s) From	
CCOUNT PAID IN FULL 6-3 CCOUNT NUMBER 00053000				117	Back of Form That Best Describes The	
CCOONT MOMBER COCCOOC	503				Collateral Covered By This Filing:	
						
Check X if covered: Products of Collatera	l are also covered.				<u> </u>	
Signature(s) of Debtor(s)		(Signature(s) of Secured Party(les)	,		
Signature(s) of Debtor(s) (necessary only in	f item 9 is applicable)	7	Signature(s) of Secured Partylles) SECURITY PACIFIC HOUSI	NG SE	RVICES	
Type Name of Individual or Business		_	Type Name of Individual or Business			

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT

(4) FILE COPY - SECURED

(1) FILING OFFICER COPY - ALPHABETICAL

(2) FILING OFFICER COPY - NUMERICAL