26021

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 presente filing pursuant to the Uniform Commercial	ed to a Filing Officer to	or
as defined in ALA CODE 7-9-105(n). Sheets Presented 1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	₩	<u> </u>
		Date, Time, Number & Filing Office	~	乃出世
ECURITY PACIFIC HOUSING SERVICES, INC.			(C)	m L g
DIVISION OF BANK OF AMERICA FSB			ကို	7. 红彩的
.O. BOX 385000 IRMINGHAM, ALABAMA 35238-5000		 	4	
IRMINGHAM, ALABAMA 3523	-8-5000		Ø.	46日景
			+	M
Pre-paid Acct. #			**	でを言
Name and Address of Debtor	(Last Name First if a Person)			
ILLIAMS, LORENZO				0 0 E
OUTH GATE MOBILE HOME ES	řT		€	10 11 15
ELHAM, AL 35124			• •	44
Social Security/Tax ID #				
2A. Name and Address of Debtor (IF A	ANY) (Last Name First if a Person)			
ILLIAMS, DOROTHY C				
OUTH GATE MOBILE HOME ES	էդւ			
ELHAM, AL 35124	- -			
PHIMI PH START				
Social Security/Tax ID #		FILED WITH:	<u> </u>	
	<u> </u>			
Additional debtors on attached UCC-E		A A ORIGINAL OF CECURED BARTY (AE	ANY) (La	st Name First if a Person)
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF	ANT) (La	St (value 1 ii st ii a 1 ci sori)
IRMINGHAM, ALABAMA 3523 Social Security/Tax ID #	38-5000 			
Additional secured parties on attached UCC-E			<u></u>	
5. This statement refers to original Financing	Statement bearing File No. 19799			_
Filed withSHELBY		Date Filed	19	
7. Tormication. Secured Party no longer cla 8. Partial or The Secured Party's right un Full property described in item 1 Assignment. whose name and address as 9. Amendment Financing statement bearing	tims a security interest under the financing statem inder the financing statement bearing file number to 1 or to all of the property listed on this file, is assign	shown above to the gned to the assignee the in item 11.		
11.	<u></u>			
				nter Code(s) From ack of Form That
CCOUNT PAID IN FULL 11-2	25-94			est Describes The ollateral Covered
CCOUNT NUMBER 0005300695				y This Filing:
CCOORT MORDER COCCOCO.			_	
			_	
			_	
			_	<u> </u>
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			-	
		~	-	
Check X if covered: Products of Collateral	are also covered.			
			<u> </u>	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)		
	Sitem O in applicable)	Signapure(s) of Secured Party(ies)	<u> </u>	
Signature(s) of Debtor(s) (necessary only if	rem a is applicable)	SECURITY PACIFIC HOU	SING SERV	ICES
Type Name of Individual or Business	<u> </u>	Type Name of Individual or Business		