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

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

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presenting pursuant to the Uniform Commercial	ented to a Filing Office cial Code.	r for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Sears Consumer Finance 811 East 10th Street Sioux Falls S.D. 57103		Date, Time, Hamber & Fining Office		
Pre-paid Acct. #				a
2. Name and Address of Debtor Horton, Frank O. B. B. G. Boyr, 50	(Last Name First if a Person)		782	品品 開展
R.R.2 Box 50 Columbiana AL 35051			0.7	7 T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			1995	4995 3 EEE SEE
Social Security/Tax ID #	(Last Name First if a Person)		*	TA CHANGE SERVICE SERV
Horton, Valeria C. R.R.2 box 50 Columbiana AL 35051			Inst	11:4
Social Security / Tax ID #	<u> </u>	FILED WITH:		
☐ Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (L	ast Name First if a Person)
Sears Consumer Finance 811 East 10th Street Sioux Falls S.D. 57103		•		
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. D This statement refers to original Financing Stater Filed withShelby County	ment bearing File No. 026585	Date Filed 9-21	19.90	
☐ Full property described in item 11 or to Assignment, whose name and address appears 9. ☐ Amendment Financing statement bearing file not be a significant property described in item 11 or to Assignment.	security interest under the financing statem ne financing statement bearing file number of all of the property listed on this file, is assign	ent bearing the file number shown above. shown above to the gned to the assignee h in item 11.	ctive.	
11.	•	**		
				Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
	*	· •		
Check X if covered: Products of Collateral are als	so covered.	·		
		W Junual Jation		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(jes) Sears Consumer Fina	ance	
Type Name of Individual or Business		Type Name of Individual or Business		MERCIAL CODE — FORM UCC-3