## 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<br>Sheets Presented:  | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code |   |
|--|---|--|---|
| as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to  | Sileta Ficacitad.   | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                                      |   |
|  |   | Date. Time, Noniber & Timing Office  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Pre-paid Acct. #   |   |  |   |
| Name and Address of Debtor   | (Last Name First if a Person)   |  |   |
| JOHNSON, KENNETH M.  |   | Li v   | 4<br>(1)<br>(1)<br>(1)                                      |
| 269 PARK PLACE WAY   |   | <b>1</b>   |   |
| ALABASTER, AL 35007  |   |  |   |
| · · · · · · · · · · · · · · · · · · ·  |   |  | 2000  |
| C  |   |  | Ų1 mg.  |
| Social Security/Tax ID #   | (Last Name First if a Person)   | <b>-</b>   | # # # # # # # # # # # # # # # # # # #                       |
| JOHNSON, JO ELLEN  |   |  |   |
| 269 PARK PLACE WAY   |   |  |   |
| ALABASTER, AL 35007  |   |  |   |
| and the second s |   |  | ¥ -   |
|  |   |  | · · · · · · · · · · · · · · · · · · ·                       |
| Social Security/Tax ID #   |   | 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) (Last Name First if a Person)  FIRST FAMILY FINANCIAL SERVICES         |   |
| PHOENIX FINANCIAL SERVIC   |   | 4362 PEACHTREE ROAD  | EKA TCE9  |
| 100 CHASE PARK SOUTH, ST   | ITTE SSO  | ATLANTA, GA 30319  |   |
| BIRMINGHAM, AL 35244   |   | 2,222,122,   |   |
| Social Security/Tax ID #   |   |  |   |
| ☐ Additional secured parties on attached UCC-E   |   |  |   |
| <u> </u>   |   | 1995-07321   |   |
| 5. This statement refers to original Financing State   | ement bearing File No   | Date Filed   | 19_25_  |
| 6. Continuation. The original financing statement  | between the foregoing Debtor and Secured  | Party, bearing file number shown above, is still effective   | <u> </u>  |
| 7. Termination. Secured Party no longer claims a   | a security interest under the financing states<br>the financing statement bearing file number | nent bearing the tile number snown above   |   |
| Full property described in item 11 or 1  | to all of the property listed on this file, is ass  | igned to the assignee  |   |
| Assignment. whose name and address appears appears.  9   | number shown above is amended as set for  | th in item 11.   |   |
| 10. Partial Secured Party releases the collar Release number shown above.  | teral described in item 11 from the financing   | statement bearing file   | <u>-</u>  |
| 11.  |   | * *·   |   |
|  | ,   |  | 11A. Enter Code(s) From<br>Back of Form That                |
|  |   |  | Best Describes The<br>Collateral Covered<br>By This Filing: |
|  |   |  | By This Filing:   |
|  | •   |  |   |
|  |   |  | <del></del>   |
| •  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Check X if covered:   Products of Collateral are a   | also covered.   | ,  |   |
| CHECK A II COVERED. 12 Products of Conateral are a   |   | Jacke Wadsers  | 10  |
| Signature(s) of Debtor(s)  | <u> </u>  | Signature(s) of Secured Party(ies)   |   |
|  | ·   |  | <u> </u>  |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable)   |   | Signature(s) of Secured Party(ies)  XXX PHOENIX FINANCIAL SERVICE, INC.                                      |   |
| Type Name of Individual or Business  |   | Type Name of Individual or Business  |   |