U L U U 3 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 | | No. of Additional | | This FINANCING STATEMENT is p | resented to a Fili | ing Off | cer for | |
|---|---|--|---|---|--------------------|----------|--|-------------|
| as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to | | | | S SPACE FOR USE OF FILING OFFICER | | | | |
| CITICORP NATA P O BOX 7901 ST LOUIS MO | 42 | CES INC | Date | e, Time, Number & Filing Office | · • | ** : · | | |
| | | | | | , T | <u></u> | 0 11 | |
| Pre-paid Acct. # | | | - | | ~~ | 9 | 11. | |
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| KELSO | | | | | | ព | | |
| HILL CURTIS WAYNE KENT TRAILER PARK HARPERSVILLE AL | | | | | | # 199 | 5/1995 AM CE COUNTY NUMBER | |
| Social Security/Tax ID #_ | | | _ | | | i) i) | T E E | |
| HILL MELINDA KENT TRAILER PA | J0 | (Last Name First if a Person) | | | | Ins | 08/1 09:23 | |
| | | | | | | | | |
| Social Security/Tax ID # | ······································ | | FILE | D WITH: | | | <u> </u> | |
| ☐ Additional debtors on attached UCC-E | | | _ | | | | | |
| formerly known | PTANCE CO INC | INC | | | | | | |
| Additional secured partie | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 5. This statement refers to original Financing Statement bearing File No012387 | | | - 1 | 995-18145 | | | | |
| | ELBY COUNTY | | | Date Filed1/13 | | . 19 | 86 | |
| 7. XXTermination. Secure 8. Partial or The Secure Full propert Assignment whose 9. Amendment Finance 10. Partial Secure | d Party no longer claims a sec cured Party's right under the t y described in item 11 or to al name and address appears in ing statement bearing file num | veen the foregoing Debtor and Secured curity interest under the financing statem financing statement bearing file number to the property listed on this file, is assisted 4. Indeed the shown above is amended as set for described in item 11 from the financing | nent bea shown a igned to th in iter | aring the file number shown above above to the the assignee m 11. | enective . | | | - |
| term date 7-2 | 1-95 | | | | | 11 | A. Enter Code(s) From Back of Form That | |
| 008 560995 | | | | | | | Best Describes The Collateral Covered | |
| | | | | | | | By This Filing: 6006 | 502 |
| | | | | | | | | |
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| Check X if covered: P | roducts of Collateral are also | covered. | = | | | | | |
| | | | | | AL SERV | [CE | S | |
| Signature(s) of Debtor | (s) | · ···································· | | Gignature(s) of Secured Party(ies) | | | | |
| Signature(s) of Debtor | (s) (necessary only if item 9 is | applicable) | - | Signature(s) of Secured Party(ies) | - 7 T.W | ~ | 7 | • |
| Type Name of Individu | al or Business | ······································ | - | Type Name of Individual or Busin | less | | | |
| A) FILLING OFFICER CORY A) PH | <u> </u> | SICER CORV ACKNOW! SPICEMENT | | | | RM CO | MMERCIAL CODE — FO | RM UCC-3 |