## 16064

## 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 as defined in ALA CODE 7-9-105(n).	No. of Additional		This FINANCING STATEMENT is presented	to a Filing Officer	for	
as defined in ALA CODE 7-9-105(n).  1. Return copy or recorded original to	Sheets Presented:		filing pursuant to the Uniform Commercial ( PACE FOR USE OF FILING OFFICER THE Number & Filing Office			
NATIONSCREDITT 3305 LORNA RD #11 HOOVER AL 35216		Date, In	me, Number & Filing Office			
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Person)			843	BA3 FIED ABATE	
TIMOTHY R HETHCOX 12071 HIGHWAY 43 LOT VANDIVER, AL 3517	_			1995-22	AM CERTI	
Social Security/Tax ID #	/Last Name First if a Person)	  -			S E E	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			T S S	7.580	
Social Security/Tax ID #	<del></del>	FILED W	NTH;		· · · · · · · · · · · · · · · · · · ·	
☐ Additional debtors on attached UCC-E		1				
3. NAME AND ADDRESS OF SECURED PARTY) (Last N	ame First if a Person)	4. ASSI	IGNEE OF SECURED PARTY (IF A	NY) (La	sst Name First if a Person)	
NATIONS CREDIT 3305 LORNA RD #11 HOOVER AL 35216 Social Security/Tax ID #						
5.  This statement refers to original Financing Statement	nt bearing File No. 1995-052	82				
Filed withSHELBY COUNT	JUDGE OF PROP	ATE	Date Filed 03-01-1995	19	<del></del>	
<ul> <li>6.  Continuation. The original financing statement between the statement of the second Party no longer claims a second Party's right under the second Party no longer claims a second Party</li></ul>	veen the foregoing Debtor and Secured Pa curity interest under the financing statemed inancing statement bearing file number sh I of the property listed on this file, is assign	nt bearing hown above ned to the in item 11	the file number shown above.  /e to the assignee			
SANYO TV					nter Code(s) From ack of Form That	
TECHNICS VCR				B C	Back of Form That Best Describes The Collateral Covered By This Filling:	
BRIGGS & STRATTON M	OWER			_		
MOUNTAIN BIKE						
TECHINCS/SANYO ST	EREO					
Check X if covered:   Products of Collateral are also of	covered.				<b></b>	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	7	Signature(s) of Secured Party(ies)	unde	h	
Signature(s) of Debtor(s) (necessary only if item 9 is a TIMOTHY R HETHCOX  Type Name of Individual or Business	ipplicable)	NA	Signature(s) of Secured Party(ies)  TIONSCREDIT FINAL  Type Name of Individual or Business	/ '	ERV CORP OF	