

**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

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: _____	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. # _____  2. Name and Address of Debtor (Last Name First if a Person) LEE, JERRY L. HWY 231 NORTH VINCENT, SHELBY, AL 35178  Social Security/Tax ID # _____		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         Inst # 1996-22703                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         07/15/1996-22703                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         11:45 AM CERTIFIED                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         SHELBY COUNTY JUDGE OF PROBATE                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         .00                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         001 SMA                     </div>
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  LEE, ROSA L. HWY 231 NORTH VINCENT, SHELBY, AL 35178  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  SECURITY PACIFIC, TRUSTEE GE CAPITAL CORP., SERVICER P.O. BOX 420275 HOUSTON, TEXAS 77242-0275  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  _____
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>7487</u> Filed with <u>SHELBY COUNTY JUDGE OF PROBATE</u>		Date Filed <u>5/6</u> 19 <u>92</u>
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. <input type="checkbox"/> Full 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		
11. THIS FINANCING STATEMENT COVERS THE FOLLOWING TYPES:  NEW 1987 CONNELL, SPRING RIVER 16X80 MOBILE HOME, SN 1654 INCLUDING ALL FURNITURE, FIXTURES, APPLIANCES AND APPURTENANCES THEREIN AND THERETO; INCLUDING BUT NOT LIMITED TO THOSE ITEMS <del>XXXXX</del> SPECIFIED ON THE MANUFACTURER'S INVOICE AND/OR PURCHASE AGREEMENT AND/OR RETAIL INSTALLMENT CONTRACT. THIS FINANCE STATEMENT COVERS A MOBILE HOME WHICH DOES NOT CONSTITUTE INVENTORY.		
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  _____ _____ _____ _____ _____ _____ _____		
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		

Signature(s) of Debtor(s) _____  Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____  Type Name of Individual or Business _____	SECURITY PACIFIC, TRUSTEE GE CAPITAL Signature(s) of Secured Party(ies) _____ CORP., SERVICER KENNETHA SMITH Signature(s) of Secured Party(ies) _____ Type Name of Individual or Business _____
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(1) FILING OFFICER COPY - ALPHABETICAL      (3) FILING OFFICER COPY-ACKNOWLEDGEMENT      (5) FILE COPY DEBTOR(S)  
 (2) FILING OFFICER COPY - NUMERICAL      (4) FILE COPY - SECURED      STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3  
 Approved by The Secretary of State of Alabama