

**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

55094

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 <b>Ms. Martha R. Bickford</b> <b>Martell &amp; Associates</b> <b>Suite 201</b> <b>1718 Connecticut Avenue, N.W.</b> <b>Washington, DC 20009</b>			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <b>Invt # 1996-32209</b> <b>09/30/1996-32209</b> <b>01:19 PM CERTIFIED</b> <b>SHELBY COUNTY JUDGE OF PROBATE</b> <b>18.00</b> <b>001 MCD</b>														
Pre-paid Acct. # _____																	
2. Name and Address of Debtor (Last Name First if a Person)  <b>EAGLE RIDGE, LTD.</b> <b>2951 Flowers Road</b> <b>Atlanta, GA 30341</b>																	
Social Security/Tax ID # _____																	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)			FILED WITH:  <b>Shelby County</b>														
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)  <b>GOVERNMENT NATIONAL MORTGAGE ASSOCIATION</b> <b>451 Seventh Street, S.W.</b> <b>Washington, DC 20410</b>																	
Social Security/Tax ID # _____			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)  <b>CHEMICAL MORTGAGE COMPANY</b> <b>200 Old Wilson Bridge Road</b> <b>Worthington, OH 43085-8500</b>														
<input type="checkbox"/> Additional secured parties on attached UCC-E																	
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>030078</b> Filed with <b>Shelby County Judge of Probate</b>																	
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 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. 9. <input checked="" type="checkbox"/> Full Assignment. 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. All security interest in the collateral described in the original financing statement referenced above is hereby assigned to the herein-named assignee.  <b>062-35410</b>																	
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.																	
Signature(s) of Debtor(s)			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <table border="1"><tr><td>103</td><td>000</td></tr><tr><td>200</td><td>302</td></tr><tr><td>300</td><td></td></tr><tr><td>500</td><td></td></tr><tr><td>600</td><td></td></tr><tr><td>801</td><td></td></tr><tr><td>803</td><td></td></tr></table>	103	000	200	302	300		500		600		801		803	
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300																	
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600																	
801																	
803																	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)																	
Type Name of Individual or Business																	
(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT (4) FILE COPY - SECURED (5) FILE COPY DEBTOR(S)																	
By: <b>CONTINENTAL WINGATE ASSOCIATES, INC.</b> Signature(s) of Secured Parties as Master Subservicer By: <b>Gardner P. Hall, Vice President</b> Type Name of Individual or Business			STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC- Approved by The Secretary of State of Alabama														