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.

| 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. |
|--|--|---|
| Return copy or recorded original to | Gribes Freschied. | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office |
| ROSE FINANCIAL L.P. 198 MOBILE HOME DRIVE HICKORY, MS 39332 | | 35014 35014 1717 18 18 18 18 18 18 18 18 18 18 18 18 18 1 |
| 2. Name and Address of Debtor | (Last Name First if a Person | |
| ROPER, SHEILA P.O. BOX 154 MAYLENS, AL 35114 | • | 101 ty 60 |
| Social Security/Tax ID # 2A. Name and Address of Debtor | (IF ANY) (Last Name First if a Person | n) |
| | | |
| Social Security/Tax ID # | . <u> </u> | |
| ☐ Additional debtors on attached UCC-E | ······································ | |
| 3. SECURED PARTY (Last Name First if a | Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) |
| FAMILY FINANCE COMPANY, INC. 198 MOBILE HOME DRIVE HICKORY, MS 39332 | | ROSE FINANCIAL L.P. 198 MOBILE HOME DRIVE HICKORY, MS 3933 |
| Social Security/Tax ID # | | |
| Additional secured parties on attached to | JCC-E | |
| 5. This statement refers to original Fina | ancing Statement bearing File No. 199 | 94-28168 Date Filed 9/14 19 94 |
| 7. Termination. Secured Party no Ion 8. Partial or The Secured Party's property described in Assignment. Whose name and add 9. Amendment Financing statement | ger claims a security interest under the financing sta right under the financing statement bearing file num item 11 or to all of the property listed on this file, is a fress appears in item 4. bearing file number shown above is amended as set was the collateral described in item 11 from the finance | ber shown above to the assignee t forth in item 11. |
| | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: |
| | | |
| . | | |
| Check X if covered: Products of Co | liateral are also covered. | FAVILY FINANCE COMPANY, INC. |
| Signature(s) of Debtor(s) | | Signature(a) of Secured Party/ies) |
| Signature(s) of Debtor(s) (necessary | only if item 9 is applicable) | Signature(s) of Secured Party(ies) |
| Type Name of Individual or Busines (1) FILING OFFICER COPY — ALPHABETICAL | | Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 |