## 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 Filling filling pursuant to the Uniform Commercial Code.	Oficer for
Return copy or recorded original to	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CREATIVE FINANCE, L.L.C. 198 MOBILE HOME DRIVE HICKORY, MS 39332			
Pre-paid Acct. #	•		
2. Name and Address of Debtor	(Last Name First if a Person)		- A
CARRIE L. DAVIS P.O. BOX 464 MONTEVALLO, AL 3611	6	996-37297	1996-3789 TERTIFIE
Social Security/Tax ID #	NY) (Last Name First if a Person)		
JOE DAVIS SAME  Social Security/Tex ID #			11/0 03:08
Additional debtors on attached UCC-E	<del></del> -		
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (#F ANY)	(Last Name First if a Person)
ROSE FINANCIAL, L.P. 198 MOBILE HOME DRIVE HICKORY, MS 39332		CREATIVE FINANCE L.L.C. 198 MOIBLE HOME DRIVE HICKORY, MS 39332	
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing File No.		015585X 10/21 *8/13) 86 (91)	
Filed with SHELBY CO.		Party, bearing file number shown above, is still effective.	
<ol> <li>7.</li></ol>	ns a security interest under the financing statement for the financing statement bearing file number s or to all of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the passignes in its filem 11.	
			11A. Enter Code(s) From Back of Form That Best Describes The
	•		Colleteral Covered By This Filing:
	-		
4			
Check X if covered: Products of Collateral ar	e also covered.		<u> </u>
•		POSE FINAN	CIAL L.P.
Signature(s) of Debtor(s)	<u> </u>	Sighamatally Secured Party (SE)	. Mrs.
Signature(s) of Debtor(s) (necessary only if ite	m 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	<u> </u>
	LING OFFICER COPY — ACKNOWLEDGEMENT LE COPY — SECOND PARTY(S)		COMMERCIAL CODE — FORM UCC-3 pretary of State of Aleberne