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. 050008

P.O. BOX 218 ANOKA, MNL 55303 (612) 421-1713

☐ 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 Official filing pursuant to the Uniform Commercial Code.	icer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
ATLANTIC FINANCIAL	FEDERAL		
1775 RE BERENDS	DR SW		Δ
GRAND RAPIDS MI	49509		<u>e</u>
		# # M	7 6
Our maid Aport #		1 1 4 4 4	
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		
		<u>jo</u>	O LI S
Banks, Phillip O.			でを重撃
2110 Predo Dr.			9 2 3
Trussville AL 35173		- 16	7.49
	•	يخ	38. 8. E.
Social Security/Tax ID #	(Last Name First if a Person)		~ ~
ZA. Harrie data Address of Debtor	(======================================		
Banks, Pamela D.	**		
2110 Predo Dr.		_	
Trussville AL 35	5173		
Social Security/Tax ID #		FILED WITH:	D
Additional debtors on attached UCC-E		SHELBY COUNTY JOSE	OF TROBATE
3. NAME AND ADDRESS OF SECURED PARTY) (Las	st Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Atlantic Financial	Federal		
1775 RW Berends	DR SW		
Grand Rapids MI	49509		
Grand Kapids 111	45505		
Social Security/Tax iD #			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing State	ment bearing File No.		
Filed with	•	Date Filed 19	
7. Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under to property described in item 11 or to Assignment. Whose name and address appear 9. Amendment Financing statement bearing file recommendation.	security interest under the financing state the financing statement bearing file number to all of the property fisted on this file, is as	er shown above to the ssigned to the assigned to the assigned orth in item 11.	•
11.			
Back of Form Best Describ 1006 Discrete College TTT Comin 1 # DOO 16690NT 14Y66 Colleteral Co			A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered 1 By This Filling:
			804
· · · · · · · · · · · · · · · · · · ·	•		
Check X if covered: Products of Colleteral are al	leo covered.		
		mature(s) of Secure 19 5 (199)	··
Signature(s) of Debtor(s)		1 more / love	- · ·
Signature(s) of Debtor(s) (necessary only if item 9	9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	<u> </u>	ATLANTIC FINANCIAL FEDE	RAL
(1) SHING OFFICED CODY ALGUARETICAL (2) FHING	OFFICER COPY.ACKNOW! EDGEMENT	STANDARD FORM — UNIFORM CO	MIMERCIAL CODE — FORM LICC-3