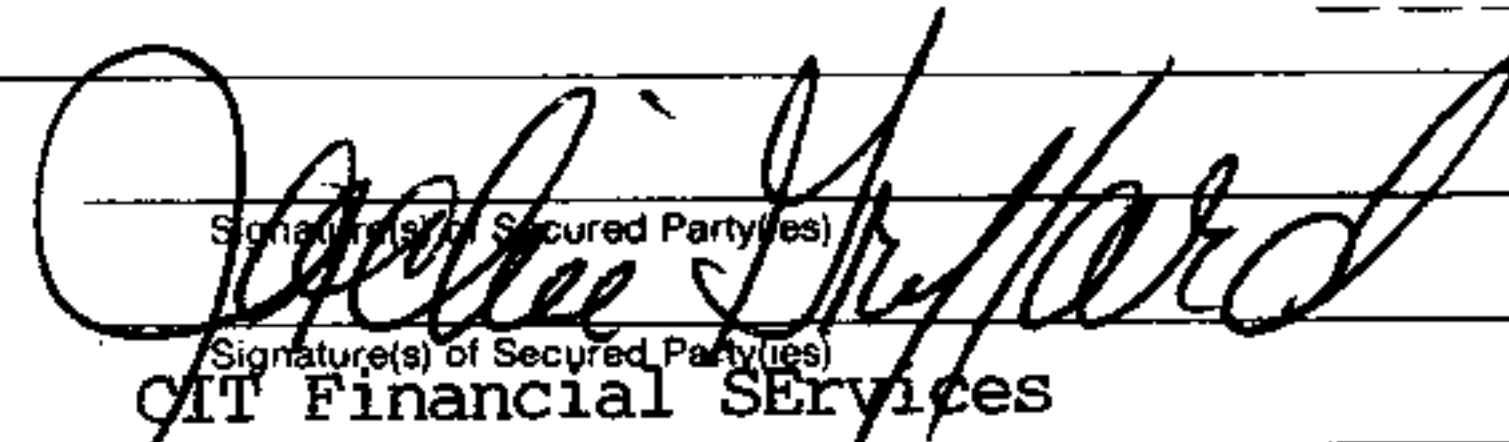


**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE  
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

**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

44867

<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 <b>Avco Financial Services</b> <b>PO Box 6600</b> <b>Greenville, SC 29606</b>  Pre-paid Acct # <u>297/15835/5674</u>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
2. Name and Address of Debtor (Last Name First if a Person) <b>Mooney, John S. &amp; Tina E.</b> <b>800 Valleyview Rd. #E-74</b> <b>Pelham, AL 35124</b>  Social Security/Tax ID # _____		<div style="transform: rotate(-90deg);">Inst # 1997-38538</div> <div style="transform: rotate(-45deg);">11/25/1997-38538</div> <div style="transform: rotate(-45deg);">01:08 PM CERTIFIED</div> <div style="transform: rotate(-45deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="transform: rotate(-45deg);">001 SNA</div>
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  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>CIT Financial Services</b> <b>PO Box 6600</b> <b>Greenville, SC 29606</b>  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		FILED WITH: <b>Judge of Probate shelby cty</b>
4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)		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>027356</u> Filed with <u>Judge of Probate Shelby County</u>		Date Filed <u>1-23</u> 19 <u>91</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 Full 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 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. <b>1985 Commodore Frontier Mobile Home 14x60 Serial# BI-21442-A</b>		
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <u>602</u>
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable) <b>John S. &amp; tina E. Mooney</b> Type Name of Individual or Business		Signature(s) of Secured Party(ies)  <b>CIT Financial Services</b> Type Name of Individual or Business