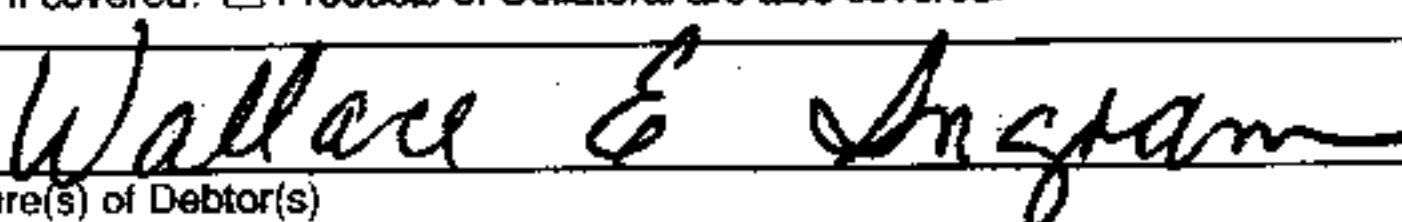


**STATE OF ALABAMA – UNIFORM COMMERCIAL CODE**  
**STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. – FORM UCC-3**  
**Important: Read Instructions on Back Before Filling out Form**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 _____<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Officer<br><br><br><div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 1999-01362<br/>             01/11/99 01362<br/>             01:47 PM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             .00<br/>             001 CRH           </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>INGRAM WALLACE E</b><br><b>HWY 17 (PO BOX 122)</b><br><b>MAYLENE, AL 35114</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| 3. Name and Address of Secured Party<br><br><b>GREEN TREE ACCEPTANCE, INC</b><br><b>PO BOX 3317</b><br><b>MONTGOMERY, AL 36109</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 4. Name and Address of Assignee of Secured Party (IF ANY)                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| 5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>030374</b> <b>CONT INSTR#1996-42065</b><br>Filed with <b>SHELBY CO</b> Date Filed <b>12/23/96</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.<br><input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>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. _____<br><br><div style="float: right; text-align: right;">           11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                            |
| Signature(s) of Debtor(s)<br><br>_____<br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable)<br>_____<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | Signature(s) of Secured Party(ies)<br><br>_____<br>Signature(s) of Secured Party(ies)<br><b>GREEN TREE ACCEPTANCE, INC</b><br>_____<br>Type Name of Individual or Business                                                                                                            |