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

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n) a C D T D Sheets Presented: 0	This FINANCING STATEMENT is presented to a Filling Officer for filling pursuant to the Uniform Commercial Code.		
CT Corporation System Attn: Loia Oduniami 49 Stevenson St. Ste. 300 San Francisco, CA 94105 (800) 874-8820 Pre-peld Acct. #	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		S679 FIED
Panizzi, Peter R. 218 Brook Forest Cir. Helena, AL 35080 Social Security / Tax ID Name and Address of Debtor (IF ANY) (Last Name First if a Person)		1999-E	06/18/1999-2 06/18/ AM CERTI SELEVICIAN JUNE OF P
Social Security / Tex ID	FILED WITH: Shelby		JO 75
Additional debtors on attached UCCX	Sherby		e First if a Person)
SECURITY PACIFIC HOUSING SERVICES, INC P.O. BOX 385000 BIRMINGHAM, AL 35238-5000 Social Security / Tax ID #			•
X This statement refers to priginal Financing Statement bearing File No. 016591		 :	
Filed with Shelby	Date Filed 3/18/87		
Continuation. The original financing statement between the foregoing Debtor and Secured Part Termination. Secured Party no longer claims a security interest under the financing statement Partial or The Secured Party's right under the financing statement bearing file number shown assignment. Amendment Partial Secured Party releases the collateral described in item 11 from the financing statement partial secured Party releases the collateral described in item 11 from the financing statement party no longer under the financing statement bearing statement party no longer under the financing statement bearing statement bearing the number shown above.	claims a security interest	11A. Enter Code(s Back of Form Best Describ Collateral Co By This Filling	Thetes The vered
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1677642-8			
heck X if covered: Products of Collateral are also covered.	SECURITY PACIFIC HOUSING S	ERVICES,	INC
Signature(s) of Debtor(s)	Signature(s) of Secured Partyles) Robert Lepin, Authorized 1	Agent	
Type Name of Individual or Business	Type Name of Individual or Business STANDARD FORM - UNIFORM		EODH UCC3