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

43237

(2) FILING OFFICER COPY - NUMERICAL

(4) FILE COPY - SECURED PARTY

Important: Read Instructions on Back Before Filling out Form.

Registre, Inc. 514 PIERCE ST. P.O. 80X 218 ANOHA, MN, 54303 (612) 421-1713

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-3

Approved by The Secretary of State of Alabama

| The Debtor is a transmitting utility | No. of Additional | | · · · · · · · · · · · · · · · · · · · |
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| as defined in ALA CODE 7-9-105(n). | Sheets Presented: | This FINANCING STATEMENT is presente filing pursuant to the Uniform Commercial | d to a Filing 10th cer for Code |
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| | ES HOUSING FINANC | : E | |
| | Y CR. NORTH | | 다 보기 되었다. 제 전 기 : |
| IRVING TX | 75308 | <u> </u> | n A |
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| Pre-paid Acct. # | · | | 9. PL 2. |
| Name and Address of Debtor | (Last Name First if a Person) | | |
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| BARRETT, FRANCE | s v. | | |
| RT. 4 BOX 621 | | ! | |
| ALABASTER AL. | 35007 | ! | 4 8 % |
| | | ; | # (M) ≥8 |
| Social Security/Tax ID # | | <u> </u> | |
| Name and Address of Debtor (IF AN) | (Last Name First if a Person) | | प्राप्त प्रमुख्य |
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| Social Security/Tax ID # | | FILED WITH: | |
| Additional debtors on attached UCC-E | | | |
| NAME AND ADDRESS OF SECURED PARTY) (L | ast Name First if a Person) | 4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PA | RTY (IP ANY) /Last Name First if a Pers |
| | | | |
| ASSOCIATES HOUSING | • | | |
| 3113 SKYWAY CR. NOI | RTH | | |
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| IRVING TX. 75308 | | | |
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| Social Security/Tax ID # Additional secured parties on attached UCC-E | | 6 | |
| Social Security/Tax ID # | tement bearing File No 02285 | Date Filed 05-29- | 89 |
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(5) FILE COPY DEBTOR(S)