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).	No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Filling filling pursuant to the Uniform Commercial Code.	Officer_for
Please return to: CT CORPORAT Attn: Patricia Ma 49 Stevenson Str San Francisco, C 1-800-874-8820 Pre-paid Acct. # Name and Address of Debtor Howell, Michael L. 726 Hwy 72 Pelham, AL 35124 Social Security / Tax ID Name and Address of Debtor Howell, Linda A.	reet, Suite 300 CA 94105 (Last Name First if a Person		Inst * 2000-02876 01.28/2000-02876 01.59 PH CERTIFIED SELD CONTY JUNE OF PROBATE SPELDY COUNTY JUNE OF PROBATE
726 Hwy. 72 Pelham, AL 35124 Social Security / Tax ID #		FILED WITH: Shelby	
Additional debtors on attached USCAEX NAME AND ADDRESS OF SECURED PARTY		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Social Security / Tax ID # Additional secured parties on attached *** This statement refers to original Financing St	tatement bearing File No. 1992-17	7820	<u> </u>
Filed with Shelby		Date Filed <u>8/24/92</u>	
Partial or The Secured Party no longer claim Partial or The Secured Party's right un property described in item Assignment whose name and address a Amendment Financing statement bearing Partial Secured Party releases the or Release number shown above. Termination: The secured runder the financing	ns a security interest under the financing state der the financing statement bearing file numbers on the property listed on this file, is appears in item 4. File number shown above is amended as set to collateral described in item 11 from the financial statement bearing to statement bearing to a statement bearing to the	er shown above to the assignee forth in item 11	11A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling: 1 0 3 6 0 2
2024722	-300 /760	47 1-1-1-1-152	
heck X if covered: Products of Collateral are all	so covered.	SECURITY PACIFIC HOUSING SI	ERVICES, INC
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Secured Party(les) Robert lepin, Authorized Ag	gent
Type Name of Individual or Business		Type Name of Individual or Business STANDARD FORM - UNIFORM C	OMMERCIAL CODE FORM UCC-3