## 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.

Approved by The Secretary of State of Alabama

	<b>4</b>		MO OLLIA
The Debtor is a transmitting utility	No. of Additional	This FINANCING STATEMENT is presented to a lifting pursuant to the Uniform Commercial Code	Filing Officer for
as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	
	ANCE INC	' Date. Time Number & Filing Office	
AMERICAN GENERAL FINA P O BOX 36129	ANCE, INC		
BHAM, AL 35236		•	<u>,                                    </u>
OHMI, AL OSEOU			7.4.7 F.T.E.
Pre-paid Acct. #			
Name and Address of Debtor	(Last Name First if a Person)		
LUTZ JOHNNY			
106 IDLEWOOD DR			
WILTON, AL 35187			<b>★</b> \ <b>₹ 8</b>
			A TO B
			SELVEN SELVEN
Social Security/Tax ID #			ဌာ ခု မြည
	ANY) (Last Name First if a Person)		<b>-</b>
LUTZ KELLY			
106 IDLEWOOD DR			. <b>≇</b>
WILTON, AL 35187			
			•
Social Security/Tax ID #			
Additional debtors on attached UCC-E			
SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY HE ANY	(Last Name First if a Person)
AMERICAN GENERAL FIN	ANCE, INC		
P O BOX 36129			
BHAM, AL 35236			
Social Security/Tax iO #		- ,	
Additional secured parties on attached UCC-E			
This statement refers to original Financing S	Statement bearing File No. <u>1999-035</u>	1/7	
Filed with SHELBY COUNTY		Date Filed <u>1-26-1999</u>	.:9
▼▼Termination Secured Party no longer clair  ☐ Partial or The Secured Party's right unit ☐ Full property described in item 11  Assignment whose name and address ap ☐ Amendment Financing statement bearing	ms a security interest under the financing statemed der the financing statement bearing file number so For to all of the property listed on this file, is assign	shown above to the gned to the assignee that the assignment as a second	
1988 SPIRAL LASER 16X80 MOBILEHOME VIN#SIAL 1987			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			<del></del>
Check X if govered: Products of Collateral a	are also covered.	( )/	
The state of the s	<u> </u>		
Signature(s) of Debtor(s)		Signature(s) of recured Party(ies)	<u></u>
orginational of Deptor(a)			., <u> </u>
Signature(s) of Debtor(s) (necessary only if it	em 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	
DILL A BART BURNESS CORMS	PHONE 1-800-441-1020	001-00061 STANDARD FORM — UNIF	ORM COMMERCIAL CODE — FORM UC the Secretary of State of Alabama

PULL-A-PART BUSINESS FORMS PHONE 1-800-441-1020