STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303 (612) 421-1713

☐ 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 Fill filling pursuant to the Uniform Commercial Code.	ing Officer for	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
STATES RESOURCES CORP 4848 S 131 ST OMAHA NE 168137			268	8 III (J
Pre-paid Acct #		0.1-18		1-1826 FRTIFI F PROBATE
RTE 1 BOX 116-A CHELSA AL 35043			# 50 #	OB/2003 B PM CE
Social Security/Tax ID #	ANY) (Last Name First if a Person)		H	0.55 / O.55 / O.
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		SHELBY CO AL 4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Nar	me First if a Person)
GREEN TREE ACCEPTANCE P O BOX 3317 MONTGOMERY AL 36109 Social Security/Tax ID #	E, INC., SERVICER	STATES RESOURCES COR 4848 S 131 ST OMAHA NE 68137	•	
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing SHELI Filed with	Statement bearing File No. 18065 BY CO AL	Date Filed 9-10-87		
7. Termination. Secured Party no longer cla 8. Partial or The Secured Party's right u XFull property described in item 1 Assignment, whose name and address a 9. Amendment Financing statement bearing	sims a security interest under the financing statem nder the financing statement bearing file number In or to all of the property listed on this file, is assi	shown above to the igned to the assignee the in item 11.		· .
11.			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 602	
			803 	
Check X if covered: Products of Collateral	are also covered.			
Signature(s) of Debtor(s)	<u> </u>	STATES RESOURCES COR	KP	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		DOUG BARTZATT, PRESI	DENT	
Type Name of Individual or Business		Type Name of Individual or Business		