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

53719

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 filing pursuant to the Uniform Commercial Code.	Filing Officer fo	or -
ASSOCIATES HOUSING FINANCE 3113 SKYWAY CIRCLE NORTH TRVING, TX 75038	2	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Pre-paid Acct. #			4853	1853 17 17 187 187 187 187 187 187 187 187 187 1
Name and Address of Debtor	(Last Name First if a Person)			O F S
COX, ALBERT L & FAMME M 170 COUNTY RD 773 CULIMAN, AL 35055			t # 2002	1/29/2002- 2/29/2002- 2/40 AM CEF
Social Security/Tax tD #	· ····································		ų C	· · · · · · · · · · · · · · · · · · ·
2A. Name and Address of Debtor (IF A	ANY) (Last Name First if a Person)			
Social Security/Tax ID #		FILED WITH:		
☐ Additional debtors on attached UCC-E		-		
ASSOCIATES HOUSING FINANCE 3113 SKYWAY CICRCLE NORTH IRVING, TX 75038	•	4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First # a Person)
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing S Filed with	Statement bearing File No 218332 -CULIMAN COUNTY	Date File JIX 5	19. 2000 _	· · · · · · · · · · · · · · · · · · ·
 6. Continuation. The original financing statement. 7. Termination. Secured Party no longer claim. 8. Partial or The Secured Party's right under property described in item 11. Assignment. Whose name and address applied. 9. Amendment Financing statement bearing. 	ms a security interest under the financing stateme der the financing statement bearing file number s I or to all of the property listed on this file, is assig	Party, bearing file number shown above, is still effective. Sent bearing the file number shown above. Thown above to the passignee in item 11.		
			Bac Bes Col	er Code(s) From ik of Form That it Describes The lateral Covered This Filling:
SEE ATTACHMENTS				
Check X if covered: Products of Collateral are	re also covered.			
		Leonard Coseman		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(ibs)		
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FIL	LING OFFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFO	ORM COMMERC	CIAL CODE — FORM UCC-3