☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT filing pursuant to the Uniform C	is presented to a	Filing Officer for	
1. Return copy or recorded original to SouthTrust Bank of Alabam D. O. Born 2554	a, N.A.	THIS SPACE FOR USE OF FILING OFFI Date, Time, Number & Filing Office			
P. O. Box 2554 Birmingham, Alabama, 352 ATTN: Commercial Collate 10th Floor					' ≱*
Pre-paid Acct. #					2
2. Name and Address of Debtor	(Last Name First if a Person)				Š.
Lumber Group, Inc. d/b/a Cole-Hall Lumber Cor P. O. Box1325 Dothan, AL 36302	mpany		Supple of P	TRUMENT.	
Social Security/Tax ID #	(Last Name First if a Person)		ROBATE	SHELBY CO. WAS FILED	
Conint Converts of the state of					
Social Security/Tax ID # Additional debtors on attached UCC-E	- _	<u> </u>			
3. SECURED PARTY (Last Name First if a Person) SouthTrust Bank of Alabama P. O. Bxo 2554	N.A.	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name Firs	t if a Person)
Birmingham, Alabama, 3529 Social Security/Tax ID #	0	,	•		:
Additional secured parties on attached UCC-E		•	-		
5. This statement refers to original Financing Statement	t bearing File No. 016940	<u> </u>		· 	
	te Shelby County	Date Filed <u>4/27</u>		19.87	
Property described in item 11 or to all or Assignment. Whose name and address appears in item 11 or to all	nancing statement bearing file number shoot the property listed on this file is assign	it bearing the file number shown above, lown above to the led to the assignee	effective.		
			•	444 5	·
The original Security period in excess of 5	Agreement provided years. (No additio	for a maturity date onal tax will be cha	for a rged.)	11A. Enter Code(a) Find Back of Form Tiles Best Describes Collateral Cover By This Filing: OOO OO OOO OOO OOO OOO OOO OOO	hat The
				$\begin{array}{r} 1 & 0 & 0 \\ 1 & 0 & 0 \\ \hline 1 & 0 & 2 \\ \hline 2 & 0 & 0 \\ \hline \end{array}$	
Check X if covered: Products of Collateral are also cov	ered.		— // -		
Signature(s) of Debtor(s)		Signature(s) of Secured Painy(ies)	-H_		
Signature(s) of Debtor(s) (necessary only if item 9 is app	licable)	Signature(s) of Secured Party(ies)			···
Type Name of Individual or Business FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICE		SouthTrust Bank of Type Name of Individual or Busines	Alabam	1, N.A.	
BILLINICS CARRIED MANAGEMENT AND	ER COPY — ACKNOWLEDGEMENT SECOND PARTY(S) (5)	STANDARD F	ORM - UNIFORM	M COMMERCIAL CODE — ecretary of State of Alabam	FORM UC

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