MASTERGUARD REGION OFFICE P O BOX 885 COLUMBUS GA 31902-0885	
Pre-paid Acct. # Name and Address of Debtor (Last Name First if a Person)	
WADE, DONALD DAVID 5222 WADE STREET HELENA AL 35080	923 FIED FIED
Social Security/Tax ID #	SOF-EAST TOTAL 19.6
5222 WADE STREET HELENA AL 35080	28/01/4 86.50 P. 18.50 P. 18.5
Social Security/Tax ID #	FILED WITH:
. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
MASTERGUARD REGION OFFICE P O BOX 885 COLUMBUS GA 31902-0885	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E The Financing Statement Covers the Following Types (or items) of Property:	· · · · · · · · · · · · · · · · · · ·
3 HEAT DETECTORS 3 380T SMOKE DETECTORS 3 ABC FIRE EXTINGUISHER 2½ LB	5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
•	
Check X if covered: Products of Collateral are also covered.	
This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so). already subject to a security interest in another jurisdiction when it was brought into this state.	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ 2362.68 Mortgage tax due (154 per \$100.00 or fraction thereof) \$ 3.60
I already subject to a security interest in another jurisdiction when debtor's location changed to this state. Which is proceeds of the original collateral described above in which a security interest is perfected.	8. This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)
acquired after a change of name, identity or corporate structure of debtor as to which the filing has lapsed.	Signature(s) of Secured Party(ies) (Reguired only if filed without debtor's Signature — see Box 6)
	-Vam Sulm
Signature(s)\of Debter(s)	Signature (s) of Sectified Party(ies) or Assignee JOHN SLUDER-REGION OFFICE MANAGER Signature (s) of Secured Party(ies) or Assignee
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) or Assignee
Type Name of Individual or Business FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 (5) FILE COPY DEBTOR/S) Approved by The Secretary of State of Alabama
r) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	(5) FILE COPY DEBTOR(S) Approved by the Secretary of State of Alabama —————————————————————————————————

filing pursuant to the Uniform Commercial Code.

THIS SPACE FOR USE OF FILING OFFICER Date. Time, Number & Filing Office

as defined in ALA CODE 7-9-105(n).

1. Return copy or recorded original to:

Sheets Presented