STATE OF GEORGIA UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1 (Revised 1/1/1995) STATE OF GEORGIA Form must be typed. Read instructions on back before filling out form.

HIS FINANCING STATEMENT IS PRESENTED TO A			
1A, Debtor Name and Mailing Address:	p Individual (Last, First, Middle Name)		
Payne, David B	□ Business (Legal Business Name)		
504 Heatherbrooke Road			
Birmingham, AL 35242	!		44410
		Inst * i	997-11110
B. Enter Social Security /Tax ID #	C. Check if exempt under Item 6		
	☐ Individual (Last, First, Middle Name)	04/10/1997-11110 09:59 AM CERTIFIED 09:59 AM CERTIFIED	
2A. Debtor Name and Mailing Address:	☐ Business (Legal Business Name)		
	D Bosiness (Logal Bosiness Hame)	04.59 AM	CER DOUBATE
	-	O9:59 AM CERT PROBATE SHELBY COUNTY JUBGE OF PROBATE 15.00	
- -		SHELBY COOK	15.00
		ABOVE SPACE FOR RECOR	DING INFORMATION ONLY
2B. Enter Social Security /Tax ID #	2C. ☐ Check if exempt under Item 6	Assignee Name and Mailing Address	☐ Individual (Last, First, Middle Name)
3A. Debtor Name and Mailing Address:	☐ Individual (Last, First, Middle Name)		☐ Business (Legal Business Name)
	□ Business (Legal Business Name)		<u> </u>
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•			
		A Constitute to Contain Particular IDS Of	C.C.A. 11.0.403(0): Figureing Statement filed to
3B. Enter Social Security /Tax ID #	3C. DiCheck if exempt under Item 6	 Exceptions for Social Security/Tax ID# — O.C.G.A. 11-9-402(9): Financing Statement filed perfect a security interest in collateral already subject to a security interest in another jurisdiction. 	
4. Secured Party Name and Mailing Address:	☐ Individual (Last, First, Middle Name)	when it is brought into this state or when the de is not required to have such a number.	btor's location is changed to this state, or the debtor
	☐ Business (Legal Business Name)	7. Check Only if BOTH: (i) Collateral is con-	sumer goods as delined in O.C.G.A. 11-9-109 and
		P. Comment of the com	000 or less, and give maturity date (MONTH/DAY/
Georgia Federal Credit Union		YEAR) or state "None"	
P.O. Box 59 Clarkston, GA 30021		8. Check ONLY if applicable.	· · · · · · · · · · · · · · · · · · ·
		A. Collateral on Consignment.	
_		B. Collateral on Lease.	
1989 Ranger 361V 18Ft. Boat # 2K436A989 1989 Mercury Black Max 175 H.P. Motor # 0C101 1989 Ranger Trak Trailer # 18WRT1913K1D32780		.195	form that best describes collateral covered by this filling: 0600 1200
			
			9D. Number of additional sheets
9B. Products of collateral are also covered.			presented:
10. Check if applicable and include reasonable descr	ription of the real estate in Item 9A:	······································	
A. ☐ Crops growing or to be grown. B.☐ Minera	als or the like (including oil and gas) or accounts	subject to O.C.G.A. 11-9-103(5). C. Fixture filin	ng pursuant to O.C.G.A. 11-9-313.
 Name of the Record Owner(s) or Record Lessee 	s) (if debtor does not have an interest of record	in the real estate):	
12. County or Counties in which the affected real est	ate is located (Must be identified if filing covers	crops, mineral or fixtures):	
13. This statement is filed without the debtor's signal	ture to perfect a security interest in collateral (c	heck only if applicable):	
A. Claiready subject to a security interest in anot	ther jurisdiction when it was brought into this str	ate or debtor's location changed to this state;	
B. D which is proceeds of the original collateral of	described above in which a security interest was	s perfected;	
C. ☐ as to which the filing has lapsed;			
D. 🗖 acquired after a change of debtor's name, id	dentify or corporate structure; or		
E. described in a security agreement / real est		th O.C.G.A. 11-9-402(1).	
14. Signature(s) of Debtor(s)		15. Signature(s) of Secured Party(ies)	
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men, como	<u> </u>	Georgia F <u>ederal Cre</u>	alt Union
		$\mathbf{R}_{\mathbf{V}}$.	
· · · · · · · · · · · · · · · · · ·		By:	· · · · · · · · · · · · · · · · · · ·
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16. Return Copy To: Name and Address	· · · · · · · · · · · · · · · · · · ·	STATE OF GEORGIA	- FINANCING STATEMENT
' Georgia Federal C	redit Union		
ATTN: Glandice		UCC-1 (REVISED 1/1/1995)	

FORM MUST BE TYPED.

READ INSTRUCTIONS ON BACK

BEFORE FILLING OUT FORM.

ATTN: Glandice

∟ Clarkston, GA 30021

P. O. Box 59