

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
UCC-1 C91 (AL) FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

Shelly  
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|                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code. |
| 1. Return copy or recorded original to:<br><br>Norwest Financial Alabama, Inc.<br>1687 Center Point Pkwy 105<br>Birmingham, AL 35215                                                                                                |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                   |                                                                                                               |
| Pre-paid Acct. #                                                                                                                                                                                                                    |  | <p style="text-align: center;">Inst # 1997-27785</p> <p style="text-align: center;">08/29/1997-27785<br/>01:27 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>08.20<br/>001 NEL</p>                                                                                     |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Lambert, Betty M.<br>112 Cobblestone Terrace<br>Pelham, AL 35124                                                                                                 |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| Social Security/Tax ID #                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                               |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| Social Security/Tax ID #                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>Norwest Financial Alabama, Inc.<br>1687 Center Point pkwy 105<br>Birmingham, AL 35215                                                                                         |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                          |                                                                                                               |
| Social Security/Tax ID #                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                               |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or Items) of Property: (Check Applicable Boxes)                                                                                                                              |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> All of the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule. |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input checked="" type="checkbox"/> The following property located in or about debtors' premises at their address set forth above:                                                                                                  |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <p>Purchase Money Secured interest in<br/>bedding and mattress from Manufacturers<br/>Bedding Outlet</p>                                                                                                                            |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>6 0 0                                                                                                                             |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                               |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)                                                                                                             |  | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ 1800.00                                                                                                                                        |                                                                                                               |
| <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.                                                                                                        |  | Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 2.70                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.                                                                                               |  | 8. <input type="checkbox"/> 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 8) |                                                                                                               |
| <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.                                                                                                    |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor                                                                                                                                 |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> as to which the filing has lapsed.                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                              |                                                                                                               |
| Signature(s) of Debtor(s)<br><br>Elizabeth N. Lambert                                                                                                                                                                               |  | Signature(s) of Secured Party(ies)<br>(Required only if filed with Debtor's Signature see Box 8)<br><br>Norwest Financial Alabama, Inc.                                                                                                                                      |                                                                                                               |
| Signature(s) of Debtor(s)                                                                                                                                                                                                           |  | Signature(s) of Secured Party(ies) or Assignee                                                                                                                                                                                                                               |                                                                                                               |
| Type Name of Individual or Business                                                                                                                                                                                                 |  | Type Name of Individual or Business                                                                                                                                                                                                                                          |                                                                                                               |