The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n) No. of Additional Sheets Presented No. of Additional Sheets Presented THIS SPACE FOR USE OF FILING OFFICER Date. Time, Number & Filing Office TRST FAMILY FINANCIAL SERVICES, INC. 3590-A HWY 31 SOUTH	1
FIRST FAMILY FINANCIAL SERVICES, INC. 3590-A HWY 31 SOUTH	,
PELHAM, AL 35124	
	and the second s
05502080	
2. Name and Address of Debtor MARTIN, SHAWN W	
17 FARMINGDALE ROAD HARPERSVILLE, AL 35078	066 066 066 066 066 066 066 066 066 066
	90-6 20-6 20-6 20-6 20-6 20-6 20-6 20-6 2
Social Security / Tax ID #	199
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	E DO
Social Security/Tax ID #	
□ Additional debtors on attached UCC-E 4. ASSIGNEE OF SECURED PARTY (Name and Address of Secured Party)	ame and Address of Assignee)
3. SECURED PARTY (Name and Address of Secured Party) FIRST FAMILY FINANCIAL SERVICES, INC. 3590-A HIGHWAY 31 SOUTH PELHAM, AL 35124	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5. The Financing Statement Covers the Following Types (or items) of Property:	
MAGNAVOX VCR	
2-SONY STEREOS CANNON CAMERA	5A. Enter Code(s) From Back of Form That Best Describes The
OCHINOII OLIMANA	Collateral Covered By This Filing:
Check X if covered: Products of Collateral are also covered. 6. This statement is filed without the debtor's signature to perfect a security interest in collateral 7. Complete only when filing with the Jud The initial indebtedness secured by this	dge of Probate is \$_700.00
(check X, if so) already subject to a security interest in another jurisdiction when it was brought into this state Mortgage tax due (15¢ per \$100.00 or f	
□ already subject to a security interest in another jurisdiction when debtor's location changed to this state. 8. □ This financing statement covers time to this state.	nber to be cut, crops, or fixtures and is to be cross cords (Describe real estate and if debtor does not have
perfected.	eret of Securett Partyles)
acquired after a change of name, identity or corporate structure of debtor as to which the filing has lapsed. Signature (Required only if filled w	vithout debtor's Signature — see Box 6)
Signature(s) of Debtor(s) Signature(s) of Debtor(s)	es yor Assigned
	ANCIAL SERVICES, INC.
SHAWN W MARTIN Type Name of Individual or Business Type Name of Individual or Business	
(1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (5) FILE COPY DEBTOR(S) (4) FILE COPY—SECURED PARTY(S) (5) FILE COPY DEBTOR(S)	Approved by The Secretary of State of Alabama