1. Return copy or recorded original to: FIRST NATIONAL BANK OF SHELBY COUNTY P. O. BOX 977 COLUMBIANA, AL 35051  Pre-paid Acct. #  2. Name and Address of Debtor ARGO, PARRISH  114 PINE HILL DR COLUMBIANA, AL 35051  Social Security/Tex ID#  2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  Last Name First if a Person)  Last Name First if a Person)  Last Name First if a Person)	☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Filing Off filing pursuant to the Uniform Commercial Code.	ficer for
The Principle HILL DR COLUMBIANA, AL 35051  Social Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector on ethiched LCCE  Section Security Tex 10  Additional sector of Section Report  Section Security Tex 10  Additional sector of Section Report  Section Security Tex 10  Additional sector on ethiched LCCE  Tex requires Section Section Section Report  Section Security Tex 10  Additional sector of Section Report  Section Security Tex 10  Additional sector of Section Report  Section Section Section Section Report Report  Section Section Section Section Report Report  Section Section Section Section Section Report Report  Section Sectio	1. Return copy or recorded original to: FIRST NATIONAL BANK OF SHELBY P. O. BOX 977		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Officer	
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Social Security/Text DF	COLUMBIANA, AL 35051			001-0 01-0 01-0
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A Name and Address of Assignee of Secured Party   (IF ANY)	Social Security/Tax ID#			
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Signature(s) of Debtor(s)  Signature(s) of Debtor(s)  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  Type Name of Individual or Business  STANCARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-1	perfected.  Becquired after a change of name, identity or corporate structure of debtor.		Signature(s) of Secured Party(ies)	
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