## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

## Important: Read Instructions on Back Before Filling out Form.

| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).  | No. of Additional<br>Sheets Presented:  |       | This FINANCING STATEMENT is filling pursuant to the Uniform Cor                                    | presented to a Fil<br>nmercial Code     | ling Offic               | cer for   |
|--|---|-------|--|---|--------------------------|---|
| Return copy or recorded original to:   |   |       | SPACE FOR USE OF FILING OFFICE<br>Time, Number & Filling Office                                    |   |                          | <del></del>   |
|  |   | Date, | idie, Number a rung Cince  |   |                          |   |
| APCO EMPLOYEES   | CU                                      |       |  |   | _                        | _   |
| 1608 7th AVE N   |   |       |  |   | 7                        | <u>ب</u> ليا بي   |
| BHAM, AL 35203   |   |       |  |   | 7                        |   |
|  |   |       |  |   | ដ                        | Z H & S   |
| Pre-paid Acct. #   |   |       |  |   | Ĭ                        |   |
| 2. Name and Address of Debtor  | (Last Name First if a Person)           | 1     |  |   | 60                       | 五日湯   |
| DUDDIU DAUTD   | 77                                      |       |  |   | 50                       | 5 7 7   |
| EVERLY, DAVID  | K                                       |       |  |   | -                        |   |
| 285 FRAN DR  | 25115                                   |       |  |   | #                        | 2   |
| MONTEVALLO, AL   | 33113                                   |       |  |   | دب د                     |   |
|  |   |       |  |   | C.                       | 25.5  |
| Social Security/Tax ID #   |   |       |  |   | ļ                        |   |
| 2A. Name and Address of Debtor (IF ANY   | ) (Last Name First if a Person)         | ┥     |  |   |                          |   |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          |   |
|  |   | 1     |  |   |                          |   |
|  |   |       |  |   |                          |   |
| Social Security/Tax ID #   | <del></del>                             |       |  |   |                          |   |
| Additional debtors on attached UCC-E   |   |       |  |   |                          | · · · · · · · · · · · · · · · · · · ·                   |
| 3. SECURED PARTY) (Last Name First if a Person)  |   | 4. AS | SIGNEE OF SECURED PARTY  | (IF ANY)                                |                          | (Last Name First if a Person)                           |
| 3000 5000  |   |       |  |   |                          |   |
| APCO EMPLOYEES   |   |       |  |   |                          |   |
| 1608 7th AVE N   | ORTH                                    | 1     |  |   |                          |   |
| BHAM, AL 35203   |   |       |  |   |                          |   |
| Social Security/Tax ID #   |   | ┥     |  |   |                          |   |
| Additional secured parties on attached UCC-E   | ··                                      |       |  |   |                          |   |
| 5. The Financing Statement Covers the Following Type   | ss (or items) of Property:              |       |  |   |                          |   |
| ONE (1) 1995 B   | ULLET BOAT, SER#                        | BB02  | 0X34E595   |   |                          |   |
|  | ERCURY MOTOR, SER                       |       |  |   |                          |   |
|  |   |       |  |   |                          | Enter Code(s) From<br>Back of Form That                 |
|  |   |       |  |   |                          | Best Describes The<br>Collateral Covered                |
|  |   |       |  |   |                          | By This Filing:   |
|  |   |       |  |   |                          | <u> </u>  |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          | <del>_</del>  |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          |   |
|  |   |       |  |   |                          |   |
| Check X if covered: Products of Collateral are a   |   | 2.00  | nniete only when filing with the first   | a of Brokets                            |                          |   |
| 6. This statement is filled without the debtor's signature (check X, if so)  | •                                       | The   | nplete only when filing with the Judg<br>initial indebtedness secured by this                      | financing statem                        |                          | ,   |
| <ul> <li>already subject to a security interest in another jurisdiction when it was brought into this state.</li> <li>already subject to a security interest in another jurisdiction when debtor's location changed</li> </ul> |   | _     | rtgage tax due (15¢ per \$100.00 or fr   |   |                          |   |
| to this state.  Which is proceeds of the original collateral describe  | d above in which a security interest is | 8. 🗆  | This financing statement covers timbered in the real estate mortgage rece                          | er to be cut, crop<br>ords (Describe re | os, or fixt<br>al estate | tures and is to be cross<br>and if debtor does not have |
| perfected.   |   | an    | nterest of record, give name of reco   | rd owner in Box                         | 5)                       |   |
| <ul> <li>acquired after a change of name, identity or corporate structure of debtor</li> <li>as to which the filing has lapsed.</li> </ul>   |   |       | Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) |   |                          |   |
| 11111  |   |       | // DAA   | 1 17                                    |                          | 18  |
| Signature(s) of Debtor(s)  |   |       | Signature(s) of Secured Party(let:   | or Assisses                             | ur                       | <u> </u>  |
|  | <i>D</i>                                |       | ——————————————————————————————————————   | r vr maaignee                           |                          |   |
| Signature(s) of Debtor(s)  |   |       | Signature(s) of Secured Party(les)   | •                                       |                          | · · · · · · · · · · · · · · · · · · ·                   |
| Type Name of Individual of Business ERLY   |   |       | APCO EMPLOYEES  Type Name of Individual or Busin   |   |                          |   |
|  | G OFFICER COPY ACKNOWLEDGEMENT          |       | <del></del>  |   | RM COM                   | MERCIAL CODE — FORM UCC-1                               |