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THIS SPACE FOR USE OF FILING OFFICER

38.25

**FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY**

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT.# (optional)
C. RETURN COPY TO: (Name and Mailing Address)	
<div style="border: 1px solid black; padding: 10px; text-align: center;"><b>REGIONS BANK</b> <b>POST OFFICE BOX 216</b> <b>PELHAM, ALABAMA 35124</b></div>	
D. OPTIONAL DESIGNATION (if applicable): <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING	

Inst # 2001-31936

08/01/2001-31936  
02:31 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
38.25  
001 CH

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)**

1a. ENTITY'S NAME						
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
	<b>MORRIS</b>	<b>RHONDA</b>				
1c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE	
<b>429 HORSEBACK TRAIL;</b>		<b>SHELBY</b>	<b>AL</b>		<b>35143-0000</b>	
1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION			1g. ENTITY'S ORGANIZATIONAL I.D.#, if any
		<b>Individual</b>				<input checked="" type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)**

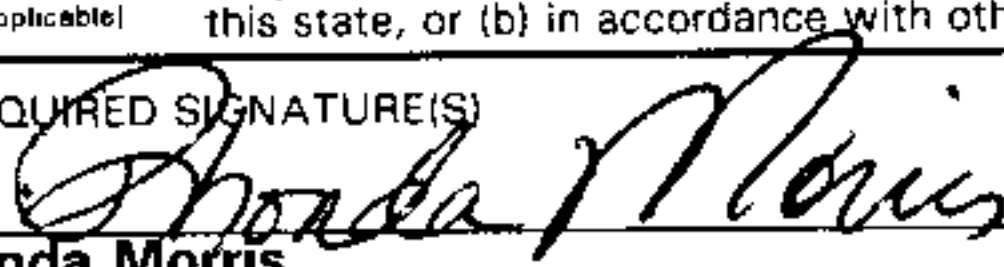
2a. ENTITY'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE	
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION			2g. ENTITY'S ORGANIZATIONAL I.D.#, if any
						<input type="checkbox"/> NONE

**3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)**

3a. ENTITY'S NAME					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	<b>REGIONS BANK</b>				
3c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
<b>255 WEST COLLEGE STREET</b>		<b>COLUMBIANA</b>	<b>AL</b>		<b>35051</b>

**4. This FINANCING STATEMENT covers the following types or items of property:**

**1989 Cavalier 14 X56 (Serial Number 5932); whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.**

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S)  <b>Rhonda Morris</b>	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable] 9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

**Concentrex Incorporated, 400 S.W. 6th Avenue, Portland, Oregon 97204**