This FINANCING STATEMENT is presented to a filing officer for fi	iling pursuant to the Uniform Commercial Code:	3 Maturity date (if any)
1 Debtor(s) (Last Name First) and address(es)	2 Secured Party(ies) and address(es)	For Filing Officer (Date, Time, Number, and
Thomas, David E. Thomas, Alice	USA Financial Services, Inc. P.O. Box 9467	Filing Office)
Rt. 2 Box 2 <b>4</b> 8	Birmingham, AL 35220	
Alabaster, AL 35007		23450 89 JUL
4 This financing statement covers the following types (defective until a termination statement is filed, if one of s		25 Assignee Secured Party and
1974 Addison Eagle 12X60 Mobile	Home Serial #4890.	Address(es)
6 Complete only when filing with Judge of Probate: The initial indebtedness secured by this financing statement is	\$.5191_33	
Mortgage tax due (15¢ per \$100.00 or fraction thereof)	\$_12_00±Z_80=19.80 7.80 + 11.00	+ 300
This statement is filed without the debtor's signature to perfect a secu		
already subject to a security interest in another jurisdiction when	•	
which is proceeds of the original collateral described above in whether the collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceeds of the original collateral described above in which is proceed above.		······································
Check X if covered: X Proceeds of Collateral are also covered.	Products of Collateral are also covered. No. of additional Sheets p	resented:
Filed with: Judge Of Probate Shelby Cou	inty USA Fu	rancial Services
Signature(s) of Debtor(s)	- Dhea_sig	nature(s) of Secured Party(ips)
STANDAR	D FORM - UNIFORM COMMERCIAL CODE - FORM UCC- Approved by The Secretary of State of Alabama	1
(1) Filing Officer Copy - Alphabetical		٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
		*

.

•