THIS FINANCING STATEMENT IS PRESENTED	TO A FILING OFFICER FOR FILING PURSUANT TO THE UNIFORM COMMERCIAL CODE
1. Debtor(s) (Last Name First) and address(es)	2. Secured Party (ies) and address(es) FAMILY HOME CENTER, INC.
LACEY, VALERIE	FAMILY HOME CENTER, INC.
TAYLOR, GLENN	P. O. BOX 308 1990 MAP 22 W 2
Calera MHP Lot 9	P. O. BOX 308 PELHAM, AL 35124 1990 MAR 22 M 8 48
Calera, AL	
4. 🗋 Debtor is a utility.	909580
5. This financing statement covers the following types (or iter	ms) of property: JUNGE OF PROBATE
ONE 1989 NEW NORTHRIVER MOBI	LE HOME SERIAL # 9654
AND ALL ACCESSORIES, SPARE H	PARTS AND EQUIPMENT NOW OR
HEREAFTER OR USED IN CONNECT	
STATEMENT COVERS A MOBILE HO	OME, OTHER THAN A MOBILE SOUTHTRUST MOBILE
HOME CONSTITUTING INVENTORY	
SHALL REMAIN EFFECTIVE UNTIL	L A TERMINATION IS FILED.
Complete only when filing with the Judge of Probate:	10165 007. D This financing statement covers timber to be cut, crops, or fixtures and
6. The initial indebtedness secured by this financing statem	tent is \$ " is to be cross indexed in the real estate mortgage records (Describe real
Mortgage tax due (15¢ per \$100.00 or fraction thereof)	record owner in Box 5)
8. Check X if covered: Products of Collateral are also	covered. 42.80 No. of additional sheets presented
9. This statement is filed without the debtor's signature to	
already subject to a security interest in another jurisd brought into this state.	liction when it was
already subject to a security interest in another jurisdic	security interest is perfected tion when debtor's acquired after a change of name, identity or corporate structure of
location changed to this state.	debtor
Filed with JUDGE OF PROBATE SHELI	BY COUNTY
OULGE OF FRODE SHED	FAMILY HOME CENTER, INC
yayuu yaay	- PAMILY FIONIS CENTER, LDC
Ly Man Hall by	Die Holle
Signature (s.) OF Debto (s)	Signature(s) of Secured Party (les)
A) EU DIA OFFICED ALBUADE	Required only if filed without debtor's Signature—see Box ?)
(1) FILING OFFICER - ALPHABET	I FUAL
	All Physics Communications and the communication of
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