1. Return copy or recorded original to: SOUTHTRUST MOBILE SERVICES, P.O. BOX 2465		filling pursuant to the Uniform Commercial Code,
		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
P.O. BOX 2465	INC.	
************* A. O. O. O. C.		
BIRMINGHAM, AL 35201-2465		
936430		
Pre-paid Acct # 2. Name and Address of Debtor	(Last Name First if a Person)	١.
	(Last Maine 1 list ii a Ferson)	
MCKENZIE, MARK		
DM 4 DOM 440		
RT 4 BOX 448		
MONTEVALLO, AL 35115		
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
MCKENZIE, CHRISTINE		,
THE STATE OF THE S		% 2° 3
Same as above		
Social Security / Tax ID #		
☐ Additional debtors on attached UCC-E		
3. SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
AMERICAN COUNTRY		
3446 HIGHWAY 31 SO		SOUTHTRUST MOBILE SERVICES
PELHAM		P.O. BOX 2465
		BIRMINGHAM, AL 35201-2465
Social Security / Tax ID #		
Additional secured parties on attached UCC-E		
5. The Financing Statement Covers the Following Types (or item	s) of Property:	
		E4V20 C/N 2244
ONE (1) 1000 NEW COUTUBING	MADILE HAME	
ONE (1) 1989 NEW SOUTHRIDG	· ·	
and all accessories, spare pa	arts and equipmen	it now or here-
and all accessories, spare parafter or used in connection	arts and equipments therewith. This f	it now or here- 5A. Enter Code(s) From Back of Form That Best Describes The
and all accessories, spare parafter or used in connection to cing statement covers a mobile	arts and equipment therewith. This f le home, other th	it now or here- inan- Back of Form That Best Describes The Collateral Covered By This Filing:
and all accessories, spare parafter or used in connection	arts and equipment therewith. This f le home, other the This financing	inan- inan a mobile statement shall 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
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