as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to:		filing pursuant to the Uniform Commercial Code.
1. Height copy of received original to.		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
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APCO Employees Credit Un	U T OU	
1603 7th Avenue North		
Birmingham, AL 35293		
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Pre-paid Acct. #		
2. Name and Address of Debtor	(Last Name First if a Person)	and the second of the second o
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48 Huntmaster In		
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2A. Name and Address of Debior (ii Airi)	(Cast Mativa t tist is a t orderly	
		* *.
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☐ 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)
ATTORIO La Tanana Coma Sistema	** *	
APCO amployees Credit	Un i on	
1608 7th Avenue North		
Birmingham, AL 35203		
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Social Security/Tax ID # Additional secured parties on attached UCC-E		
	(or items) of Property:	
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