☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
LEADER FEDERAL BAN	v cho cavilles	
P.O. BOX 275	M CHA GHAANGG	
MEMPHIS, TN 38101-	0275	
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3-31752-17	,	
Pre-paid Acct. #		
2 Name and Address of Debtor	(Last Name First if a Perso	
SCOGSINS, FRANK C.		
P.O. 80X 360		
SAGINAW, AL 35137		
		・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
Social Security/TaxID #		
2A. Name and Address of Debtor	(IF ANY) (Last Name First if a Perso	on) CD
Social Security/Tax ID #	<u> </u>	FILED WITH:
	······································	
 Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PA 	ARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
3. NAME AND ADDRESS OF SECONDO		
LEADER FEDERAL BAN	IK FOR SAVINGS	
P.O. BOX 275		
MEMPHIS, TN 38101-	·0275	
Social Security/Tax ID #		
<u> </u>	30 F	
Additional secured parties on attached UC		<u> </u>
5. This statement refers to original Finance		TANDIADY AT OO
Filed withSHELBY	COUNTY	
 6. Continuation. The original financing s 7. Termination. Secured Party no longe 	statement between the foregoing Debtor and Sect er claims a security interest under the financing s	cured Party, bearing file number shown above, is still effective. statement bearing the file number shown above.
8. Partial or The Secured Party's rice	ght under the financing statement bearing file nur	mber shown above to the
Assignment. whose name and addr	item 11 or to all of the property listed on this file, is ress appears in item 4.	
9 Amendment Financing statement be	earing file number shown above is amended as so sithe collateral described in item 11 from the finar	et forth in item 11. noing statement bearing file
Release number shown above.		noing statement bearing file
11.		·
		11A. Enter Code(s) From Back of Form That
FLEASE ADD TH		E ORIGINAL FINANCING Best Describes The Collateral Covered By This Filtre:
STATEMENT; NO	ADDITIONAL MONIES	ARE BEING LOANED. By This Filing:
	INCING STATEMENT SHALL	
UNTIL A T	ERMINATION STATEMENT 1	IS FILED.
		
Check X if covered: Products of Colla	ateral are also covered.	· · · · · · · · · · · · · · · · · · ·
		. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
<u> </u>	4 Ula - Min	Signaturely of Secured Party(ies)
Signature(s) of Debtor(s) (necessary of	inty if item 9 is applicable)	
Type Name of Individual or Business		Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-
(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL	(3) FILING OFFICER COPY-ACKNOWLEDGEMENT (4) FILE COPY - SECURED	(5) FILE COPY DEBTOR(S) STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM OCCUPATION OCCUP
(2) FIGHE OF FIGURE TO THE METHORIC	• •	
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