☐ 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 pursuant to the Uniform Commercial Code	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Colonial Bank P.O. Box 1108 Montgomery, AL 36192		Date, Time, Number & Filing Office	
		≥ 1	8 33 3
Pre-paid Acct. #		Sp. 1	
2. Name and Address of Debtor	(Last Name First if a Person)	₽, [%]	
Bragg, Gene & Sheri 525 11th Street NW			3 ≥ ✓ ≤
Alabaster, AL 35007		BOBAL STEE	
Social Security/Tax ID #			•
2A. Name and Address of Debtor (IF A	NY) (Last Name First if a Person)	•	
Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E		#5 4492	(Look Blome Circle if a Darrow)
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Colonial Bank			
P.O. Box 1108			
Montgomery, AL 3	6192		
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5XIX This statement refers to original Financing Statement bearing File No. Filed with		Ct10	0.6
		Date Filed September 18 19 86	
 7.	ms a security interest under the financing statemed der the financing statement bearing file number s for to all of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the gned to the assignee h in item 11.	
11.		14.00	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			<u> </u>
			
			
Check X if covered: Products of Collateral a	re also covered.		
		Irusa Irus	word
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) Colonial Bank	
Type Name of Individual or Business		Type Name of Individual or Business	UEADM AAMMEDAM AADE EAGMINA
	FILING OFFICER COPY — ACKNOWLEDGEMENT FILE COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S) Approved by	The Secretary of State of Alabama

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