as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filling pursuant to the Uniform Commercial		ficer for	
Return copy or recorded original to.		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	·		
SOUTHTRUST MORILE SERVICES	i, inc.				
P.O. BOX 2465					
BIRMINGHAM, AL 35201-2465	<b>'</b>				
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Pre-paid Acct. #			<b>}</b>	العرق بسير المستر	Q
2. Name and Address of Debtor  LARRY A. ANTOINE	(Last Name First if a Person)		3	SHO.	29
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VINCENT, AL 35178		<b>♀</b>	· CA		4
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	•		4	<b>元の</b>	
Social Security/Tax ID #			. 5	1 · ***	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	-			
LIZZIE A. ANTOINE		<b>*</b> .			
SAME AS ABOVE					
Social Security/Tax ID #	·····				
☐ Additional debtors on attached UCC-E					
3. SECURED PARTY) (Last Name First if a Person)	<u> </u>	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a	Person)
		'			
SOUTHTRUST MOBILE SERVICES		SOUTHTRUST MOR	HLE SERV	TCES	
D A DAY 21AE					
P.O. BOX 2465		P.O. BOX 2465	0.0001	04/5	
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BIRMINGHAM, AL 35201-2465 Social Security/Tax ID #			35201-	2465	
Social Security/Tax ID #	(or items) of Property:	BIRMINGHAM, AL	. 35201-	2465	
Social Security/Tax ID #	(or items) of Property:	BIRMINGHAM, AL.  4 X80 S/N 0885	. 35201-	2465	
Social Security/Tax ID #	or items) of Property:  , MOBILE HOME, j parts and equipment	BIRMINGHAM, AL.  4 X80 S/N 0885  now or here-		A. Enter Code(s) From	
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