as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is filing pursuant to the Uniform Co		fficer for
Return copy or recorded original to:	1	THIS SPACE FOR USE OF FILING OFFIC		
		Date, Time, Number & Filing Office		>-
SOUTHTRUST BANK (OF ALABAMA, N.A.			
P O BOX 2554				· · · · · · · · · · · · · · · · · · ·
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Pre-paid Acct. #	-		3300 3	SE .
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SHELBY AL	35143			
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Social Security/Tax ID #			Y	• .
2A. Name and Address of Debtor (IF Al	NY) (Last Name First if a Person)			
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Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
 SECURED PARTY) (Last Name First if a Person) 		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person
SouthTrust Bank of Alab	oama, NA			
P.O. Box 2554				
1.0. BOX 2004				
·	5290			
Birmingham, Alabama 35	5290			
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Birmingham, Alabama 35 Social Security/Tax ID #	290			
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