	Sheets Presented:	This FiNANCING STATEMENT is p filing pursuant to the Uniform Com	imercial Code,	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICEI Date, Time, Number & Filing Office	R	
SOUTHTRUST MOBILE SERVICES, P.O. BOX 2465	, TNC.			
BIRMINGHAM, AL 35201-2465				•
Pre-paid Acct. #				, <u>C</u>
Name and Address of Debtor	(Last Name First if a Person)			
Jones, Sidney L.			<u> </u>	S. S.
Rt. 4 Russell Height				
Leeds, AL 35094				<u> </u>
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Social Security/Tax ID #	(Last Name First if a Person)		A	SIE
	(======================================		Par)	
Hardy, Leslie K.				
			3 €	protection and the second
same				
Social Security/Tax ID #	<u> </u>			
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 MOBILE SERVICES		SOUTHTRUST M	IOBILE SERV	VICES
P.O. BOX 2465		P.O. BOX 246	5	
BIRMINGHAM, AL 35201-2465		BIRMINGHAM,	AL 35201-	-2465
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Social Security/Tax ID #	, MOBILE HOME,			
Social Security/Tax ID #	, MOBILE HOME,		5	A Enter Code(s) From
Social Security/Tax ID #	, MOBILE HOME, parts and equipment	now or here-	5.	A. Enter Code(s) From Back of Form That
Social Security/Tax ID #	, MOBILE HOME, parts and equipment therewith. This fi	now or here- nan-	5.	Back of Form That Best Describes The Collateral Covered
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Signature(s) of Debtor(s) [Required only If filed without debtor's Signature—see Box 7)	Judney J. Joseph	
(8) FILING OFFICER COPY - ACKNOWLEDGMENT		Signature (s) of Secured Party (les)
	(8) FILING OFFICER COPY ACKNOWLEDGMENT	