 The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n) Return copy or recorded original to 	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for
CENTRAL STATE BA HGWY. 25 SOUTH, CALERA, AL 3504	NK P.O. BOX 180	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Pre-paid Acct. #	14	JAN 29 PM 1:
BRENDA HOWARD	(IF ANY) (Last Name First if a Pe	erson)
CALERA, AL 35040		Filed with:
Social Security/Tax ID # Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROBATE
3. SECURED PARTY) (Last Name First if a CENTRA Highway)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Social Security/Tax ID #		
 Additional secured parties on attached in the Financing Statement Covers the Foliation 	Owing Types (or items) of Property:	
1988 14X70 FLEE	TWOOD EDGEWOOD MOBILE H	IOME SN#15739 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
		——————————————————————————————————————
□ already subject to a security interest in and to this state. □ which is proceeds of the original collateral perfected. □ acquired after a change of name, identity of as to which the filling has lapsed. Signature(s) of Debtorial	other jurisdiction when it was brought into this state. Other jurisdiction when debtor's location changed described above in which a security interest is a corporate structure of debtor.	8. This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5) Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) Signature(s) of Secured Party(ies) or Assignee
JAMES D. HOWARD Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL	(3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY SECOND PARTY(S)	Signature(s) of Secured Party(ies) or Assignee CENTRAL STATE BANK Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 Approved by The Secretary of State of Alabama

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