The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is filing pursuant to the Uniform Con	presented to a Filin nmercial Code.	g Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office		······································
First Alabama Bank, C P. O. Box 80 Jemison, AL 35085	hilton County			
		<b>i</b>		
Pre-paid Acct. #  2 Name and Address of Debtor	(Last Name First if a Person)			
Brantley, Jimmie			. <b>Ł</b>	9 1 00
P. O. Box 493 Calera, AL 35040				T1
Carcia, AL 33040				
				ja j
Social Security/Tax ID #				
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			<b>5</b>
Brantley, Patricia P. O. Box 493				
Calera, AL 35040			`,	<b>ن</b>
Contal Comments are used to		:		
Social Security/Tax ID #				
SECURED PARTY (Last Name First if a Person)	·	4 ASSIGNISE OF OSCUPED BY DEV		<u> </u>
FIRST ALABAM P. O. Box Jemison, AL	80	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Social Security/Tax ID #_	<del></del>			
Additional secured parties on attached UCC-E				
5. 🖳 This statement refers to original Financing Statement Shelby County Judge	ge of Probate	Date Filed 2-27-		87
Full property described in item 11 or to  Assignment. whose name and address appears  9.  Amendment Financing statement bearing file nu	e financing statement bearing file number show all of the property listed on this file, is assigned	own above to the ed to the assignee		
Balance 8,185.55			_	44 5
.20 mos.		•		1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
				<del></del>
Check X if covered: X Products of Collateral				
	are also covered.			
Signature(s) of Debtor(s)				•
Signature(s) of Debtor(s) (necessary only if item 9 is	anninghte)	Signature(s) of Secured Partities).	Ella	242
<del>_</del>	applicable)	Signature(s) of Secured Party(ies)		
(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OF	FEICER COPY - ACKNOWLEDGE	ype Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	
Type Name of Individual or Business  (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER COPY — NUMERICAL (4) FILE COP	FFICER COPY — ACKNOWLEDGEMENT Y — SECOND PARTY(S) (5) F	STANDARD FO	RM — UNIFORM CO	On County  MMERCIAL CODE — FORM UCC. tary of State of Alabama

			1) Page 2 of 2
Name and Address of Debtor	(Last Name First if a Person)	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	····
Staten, Phillip			
P.O. Box 493			
Calera, AL 35040			
Social Security/Tax ID #			
. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
Social Security/Tax ID #			
SECURED PARTY) (Last Name First if a Person)			
FIRST ALABAMA BA	NK Chilton Co.		
P.O, Box 80	<b>-</b>		
Jemison, AL 3508.	5		
This Additional Sheet covers the following Additional Types (or	items) of Property:		<del></del>
			5A. Collateral Code:
			<del></del>
			<del></del>
			<u> </u>
			<del></del>
			<del></del>
			<u> </u>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) or A	scionee
Signature(s) of Debtor(s) Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) or Assignature(s) of Secured Party(ies) of Alexander FIRST ALABAMA BAN	innee (lana)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-E Approved by The Secretary of State of Alabama

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S)