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First Bank of Child	dersburg 11/23	/0 1	
P.O. Box K	aciabulg il/23	7 5	
Vincent Branch			
Vincent, AL 35178	8 6/7/93		1
Pre-paid Acct. #			
Name and Address of Debtor	(Last Name First if a Person)		
James A. Spates	•		
501 Sun Valley Rd.			
Harpersville, AL	35078		
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			TROPE OF THE PARTY
Social Security/Tax ID #			
A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		9,7 222
			SHELB PROBATE
			田
Social Security/Tax ID #		_	
Additional debtors on attached UCC-E			
SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PAR	RTY (IF ANY) (Last Name First if a Per
First Bank of Child	lersburg		
Vincent Branch			
P.O. BVox K)		
Vincent, AL 35178 Social Security/Tax ID #)		
		1	
Additional secured parties on attached UCC-E The Financing Statement Covers the Following Types ((or items) of Branchy		<u></u>
Types (or name, or Property.		
1972 Bravo MH # 21			
Model 35 SGF 192073	ξ		
			5A. Enter Code(s) From Back of Form That Best Describes The
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Check X if covered: K Products of Collateral are also This statement is filed without the debtor's signature to p	covered.	7. Complete only when filing with	8ack of Form That Best Describes The Collateral Covered By This Filing:
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