

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM  
Registre, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | No. of Additional Sheets Presented                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |
| 1 Return copy or recorded original to:<br><br>First Bank of Childersburg 4/17/92<br>P.O. Box K<br>Vincent Branch<br>Vincent, AL 35178 10/15/95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| Pre-paid Acct # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 2 Name and Address of Debtor (Last Name First if a Person)<br><br>Richard Woodall<br>P.O. Box 158<br>Vicnent, AL 35178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">04/25/1992-5976<br/>03:50 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>22.75<br/>001 MCD</div>                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |
| Social Security / Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 2A Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| Social Security / Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Filed with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
| 3 SECURED PARTY (Last Name First if a Person)<br><br>FIRST BANK OF CHILDERSBURG<br>120 8th Ave. P.O. Box 329<br>Childersburg, Alabama 35044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |
| Social Security / Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>1986 Tidwell MH 14 x 70 # 0013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| Check X if covered. <input checked="" type="checkbox"/> Products of Collateral are also covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 6 This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed |  | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <u>9.75+13.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>22.75</u><br>8. <input type="checkbox"/> 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 Debtor(s)<br><br><i>Richard Woodall</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br>First Bank of Childersburg                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature(s) of Secured Party(ies) or Assignee                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 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)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  
Approved by The Secretary of State of Alabama