

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

Important: Read Instructions on Back Before Filling out Form.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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 National Bank of Columbiana<br>P.O. Box 977<br>Columbiana, AL 35051<br><br>Pre-paid Acct. # <u>70687420</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="text-align: center;">Inst # 1992-10440<br/>06/05/1992-10440<br/>02:27 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>001 MCO 25.70</div>                                                                                                                                                                                                                                                                  |                                                                                                               |
| 2. Name and Address of Debtor<br><br>Smith, C L<br>P.O. Box 1855<br>Columbiana, AL 35051<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Smith, Donna<br>P.O. Box 1855<br>Columbiana, AL 35051<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>First National Bank of Columbiana<br>P.O. Box 977<br>Columbiana, AL 35051<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or Items) of Property:<br><br>1972 Noble 12 x 65 Mobile Home S#629717378D<br><br>"All additions and accession thereto and proceeds thereof.<br>The inclusion of proceeds in the Financing Statement does not authorize the Debtor to sell or dispose of the collateral without specific Authorization of the Secured Party".                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 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>_____                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 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>77766.47</u><br>Mortgage tax due (16¢ per \$100.00 or fraction thereof) \$ <u>25.70</u><br><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><u>C. L. Smith</u><br>Signature(s) of Debtor(s)<br><u>Donna Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><u>First National Bank of Columbiana</u><br>Signature(s) of Secured Party(ies) or Assignee<br><u>Wally P. Bentley</u>                                                                                                                                                                                                                                                                               |                                                                                                               |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |

(1) FILING OFFICER COPY ALPHABETICAL

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