

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>AMERICA'S FIRST CREDIT UNION<br>P.O. BOX 11349<br>BIRMINGHAM, AL 35202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                              | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 2. Name and Address of Debtor (Last Name First if a Person):<br><br>KIMBLE, SANDRA E<br>P.O. BOX 112<br>BIRMINGHAM AL 35147<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                              | Inst # 1992-12027<br><br>06/23/1992-12027<br>12:23 PM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>001 NCD 14.00                                                                                                                                                                                                                                                                                                                                                                           |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person):<br><br>CHARLES F KIMBLE<br>P.O. BOX 112<br>BIRMINGHAM AL 35147<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 3. SECURED PARTY (Last Name First if a Person):<br><br>AMERICA'S FIRST CREDIT UNION<br>P.O. BOX 11349<br>BIRMINGHAM, AL 35202<br>BIRMINGHAM AL 35202<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                              | 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 Type(s) of Property:<br><br>1 1992 TRUCKER TR 17 B0J31853A292<br>1 1991 TRUCKER TUGOPLAN 03063306<br>1 19 TRUCKER TKS336 2E1627DT<br>1 1994 CRACKER PRO/TK 1JL113E17AB006659<br><br>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 \$ 8094.01<br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ XXXXX<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><br>x [Signature]<br>Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                              | Signature(s) of Secured Party(ies) or Assignee<br><br>Signature(s) of Secured Party(ies) or Assignee<br>AMERICA'S FIRST CREDIT UNION<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                  |  |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                              | Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| (1) FILING OFFICER COPY — ALPHABETICAL<br>(2) FILING OFFICER COPY — NUMERICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | (3) FILING OFFICER COPY — ACKNOWLEDGEMENT<br>(4) FILE COPY — SECOND PARTY(S) | (5) FILE COPY DEBTOR(S)<br><br>STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                                                                                                                                                                         |  |