

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

Important: Read Instructions on Back Before Filling out Form.

Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 431-1733

<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: <div style="display: flex; justify-content: space-between;"> <div> First Bank of Childersburg Vincent Branch P.O. Box K Vincent, AL 35178 </div> <div> 10/26/92 5/5/95 </div> </div>		THIS SPACE FOR USE OF FILING OFFICER: Date, Time, Number & Filing Office <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1992-24807</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">10/27/1992-24807</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">01:09 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">17.05</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCO</p> </div>																
2. Name and Address of Debtor (Last Name First if a Person) Phyllis White P.O. Box 22 Harpersville, AL 35078 Social Security/Tax ID # [REDACTED]		Filed with:																
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																		
3. SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> FIRST BANK OF CHILDERSBURG 120 8th Ave. P.O. Box 329 Childersburg, Alabama 35044 </div> Social Security/Tax ID # _____																		
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)																
5. The Financing Statement Covers the Following Types (or items) of Property: <div style="display: flex; justify-content: space-between;"> <div> 1964 Ford PU F10CH520275 1987 Bee Line Horse Trailer # 1VH09HB09H101 </div> <div style="width: 40%;"> 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"> </td><td style="width: 50%;"> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>																		
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) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>2680.43</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>17.05</u> 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) _____ Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) _____ Signature(s) of Secured Party(ies) or Assignee																
Type Name of Individual or Business		Type Name of Individual or Business																