

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM  
Register, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOAKA, MN. 55303  
(612) 421-1712

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <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 Office for filing pursuant to the Uniform Commercial Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 1. Return copy or recorded original to:<br><br><b>GREEN TREE FINANCIAL CORP.</b><br><b>P.O. BOX 3317</b><br><b>324 INTERSTATE PARK DRIVE</b><br><b>MONTGOMERY AL 36109</b><br><br>Pre-paid Acct # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><b>Inst # 1993-07339</b><br><b>03/17/1993-07339</b><br><b>11:07 AM CERTIFIED</b><br><b>SHELBY COUNTY JUDGE OF PROBATE</b><br><b>50.00</b><br><b>001 NCD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>HYDE, BARBARA A.</b><br><b>6425 HIGHWAY 61</b><br><br><b>WILSONVILLE AL 35186</b><br><br>Social Security / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     | FILED WITH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security / Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br><b>GREEN TREE FINANCIAL CORP.</b><br><b>P.O. BOX 3317</b><br><b>324 INTERSTATE PARK DRIVE</b><br><b>MONTGOMERY AL 36109</b><br><br>Social Security / Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br><b>GREEN TREE FINANCIAL CORP.</b><br><b>P.O. BOX 3317</b><br><b>324 INTERSTATE PARK DRIVE</b><br><b>MONTGOMERY AL 36109</b><br><br>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><b>SERIAL# MSB8928X7032SN0985AB</b><br><b>1989 NOVA 28 X 70</b><br><b>AND INCLUDING ALL FURNITURE, FIXTURES, APPLIANCES AND APPURTENANCES THEREIN AND THEREON; INCLUDING BUT NOT LIMITED TO THOSE ITEMS SPECIFIED ON THE MANUFACTURERS INVOICE AND/OR PURCHASE AGREEMENT AND/OR RETAIL INSTALLMENT CONTRACT OR INSTALLMENT LOAN AGREEMENT. THIS FINANCING STATEMENT DOES NOT APPLY TO NONPURCHASE MONEY HOUSEHOLD GOODS AS DEFINED AT 16 CFR 444.(1) OR THE STATE LAW EQUIVALENT STATUTE. THIS FINANCING STATEMENT COVERS A MOBILE HOME WHICH DOES NOT CONSTITUTE INVENTORY AND REMAINS IN EFFECT UNTIL A TERMINATION STATEMENT IS FILED.</b><br><br>Check X if covered <input checked="" type="checkbox"/> Products of Collateral are also covered.<br><br>5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><b>602</b><br><b>803</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br><b>COUNTY: SHELBY</b> |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 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.<br><br><b>Barbara A. Hyde</b><br><b>HYDE, BARBARA A.</b><br><br>Signature(s) of Debtor(s)<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                                    |  |                                     | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ <b>25119.21</b><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <b>37.80</b><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)<br><br>Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br><b>Ray W. Flannery</b><br><br>Signature(s) of Secured Party(ies) or Assignee<br><br><b>GREEN TREE FINANCIAL CORP., P.O. BOX 3317,</b><br><br>Type Name of Individual or Business |  |

(1) FILING OFFICER COPY - ALPHABETICAL  
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

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