| Tiovlood 11/86 | | |
|---|---|--|
| UNIFORM COMN | TERCIAL CODE-FINA | NCING STATEMENT-UCC-1 |
| (USE UCC-1F for FARM P | | |
| INSTRUCTIONS (home marked * are epilonel): 1. PLEASE TYPE. | | |
| 2. List great name of business and, if individual, li | ist LAST sume of debtors first. for each debtor. Businesses list tax LD. numbers. | |
| 4. Please chack debtor type P if individual and C is 5. List complete address to include county code as | f commercial (commercial includes sole proprietoeship). Ind nine-digit zip oode. | |
| 7. County codes should be included and are listed | on the back of form. | ion of real estate and statue of second owner or lessec are sequired. |
| - , | the items) should be continued on Form UCC-E. printe filing fee to Secretary of State UCC Division, P.O. Box 130 | 6, Jackson, M5 39205-0136 and/or Chancery Clerk of proper county. |
| This Financing Statement is prese | ented to the Filing Officer pursant to the STATE | Uniform Commercial Code. UCC-1 OF MISSISSIPPI |
| 1. Debtor(s) | | • |
| Cannady, Michael D. | | |
| 21.20 Doort wild co. Bosse | err Del | Debtor (Last Name First)/Business Name |
| 2129 Partridge Berr | <u>.y ku.</u> | Mailing Address |
| Hoover | A ₁ L 8 ₁ 3 35244 | |
| City | State *County Code Zip | City State "County Code Zip |
| *Tax 3D/S.S.# | Type of Debtor: P C | "Type of Debtor: P C |
| | | |
| 2. Secured Party | | 3. Assignee |
| Keesler Federal Cre Secured (Last Name First)/Business Name | dit Union | Assignee (Last Name First)/Business Name |
| P.O. Box 7001 | | Assignee (Last Name Fitst)/ Distinces (Value |
| Address | · · · · · · · · · · · · · · · · · · · | Address |
| Biloxi | M ₁ S 2 ₁ 4 39534-70 | |
| City | State *County Code Zip | City State *County Code Zip |
| *Tax ID/S.S.# | *Type of Secured: P C | *Type of Assignee: P C |
| 4. This Financing Statement cover | ers the following types (or items) of pro | operty: |
| 1993 Coleman Chesar | neake camper bearing se | rial #4CP693F15P7222599 |
| - | tioner with heat, awning | |
| | | total \$5,468.00 |
| | | 77, |
| , | | |
| 94 | • | |
| ~ ~ • 3 | | |
| 色の大 | | |
| 5 5 C C * | | |
| 西里子 | | • |
| | | |
| | | FOR FILING OFFICE USE ONLY |
| | | |
| S T C |) | Debtor # |
| 5.Check with this statement is file | ed without the Debtor's signature to pe | |
| • • | - | was brought into this state or when Debtor's location was changed to this state. |
| <u> </u> | rity interest in the original collateral was | s perfected. |
| where the original filing has acquired after a change of na | me, identity, or corporate structure of the | he Debtor. |
| | oyalty proceeds (effective 1 year). | • |
| | |) |
| 6. Check x if covered: Produc | | 7. Number of additional sheets attached: |
| 8. Financing Statement is filed w | Tim: Silving Country | Vocales Fades 1 Control (100050 C |
| pruchave w. Co | morey | Keesler Federal Credit Union #80352-8 |
| | U | |