
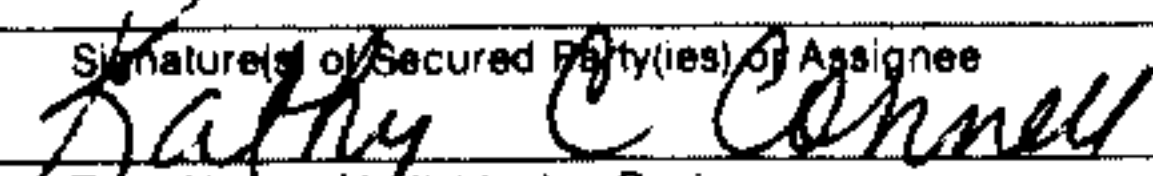


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

<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 NORWEST FINANCIAL AL. INC. 1369 W. FT. WILLIAMS ST. SYLACAUGA, AL. 35150 Pre-paid Acct. # _____		<div style="display: flex; flex-direction: column; align-items: center;">THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1993-18142</div><div style="writing-mode: vertical-rl; transform: rotate(180deg);">06/22/1993-18142</div><div style="writing-mode: vertical-rl; transform: rotate(180deg);">10:12 AM CERTIFIED</div><div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div><div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 HCD 17.15</div></div>	
2 Name and Address of Debtor (Last Name First if a Person) SUTTON, WILLIE REE P O BOX 1463 COLUMBIANA, AL. 35051 Social Security/Tax ID # _____			
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) NORWEST FINANCIAL AL. INC. 1369 W. FT. WILLIAMS ST. SYLACAUGA, AL. 35150 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: (Check Applicable Boxes) <input checked="" type="checkbox"/> All of the debtors' household goods and sports/recreation equipment now located at the debtors' address shown above except those items prohibited by the Federal Trade Commission's Credit Practices Rule. <input checked="" type="checkbox"/> The following property located in or about debtors' premises at their address set forth above: PURCHASE MONEY INTEREST PORTABLE BUILDING <div style="float: right; text-align: right;">5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 6 0 0</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check X if covered <input type="checkbox"/> Products of Collateral are also covered.</div><div style="border: 1px solid black; padding: 5px; width: 40%;">7 Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>2088.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>17.15</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)</div></div>			
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.		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)	
PROBATE JUDGE OF SHELBY COUNTY  _____ Signature(s) of Debtor(s) Type Name of Individual or Business		NORWEST FINANCIAL AL. INC. _____ Signature(s) of Secured Party(ies) or Assignee  _____ Signature(s) of Secured Party(ies) or Assignee Type Name of Individual or Business	
(1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S) (5) FILE COPY DEBTOR(S) STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 Approved by The Secretary of State of Alabama			