

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: <div style="text-align: center;"> AVCO Financial Servcies INC P O BOX 19705 Bham Al 35219 </div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> Inst # 1994-07195 03/04/1994-07195 01:36 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MEL 17.70 </div>																				
2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;"> Niola Huff 526 Highway 203 Montevallo Al 35115 </div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> Inst # 1994-07195 03/04/1994-07195 01:36 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MEL 17.70 </div>																				
Social Security/Tax ID # _____																						
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <div style="text-align: center;"> Niola Huff 526 Highway 203 Montevallo Al 35115 </div>																						
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<input type="checkbox"/> Additional debtors on attached UCC-E		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> Inst # 1994-07195 03/04/1994-07195 01:36 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MEL 17.70 </div>																				
3. SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> AVCO Financial Servcies INC P O BOX 19705 Bham al 35219 </div>																						
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: <div style="text-align: center;"> File # 16684 Stereo \$300.00 Panasonic 25" \$900.00 Mistubishi 25" \$300.00 GE VCR \$400.00 Dinnette Set \$600.00 </div>		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) 																				
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: <div style="text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </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.		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>1716.67</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>17.70</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 Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) 																				
Signature(s) of Debtor(s) 		Signature(s) of Secured Party(ies) or Assignee AVCO Financial Servcies IC Type Name of Individual or Business																				
Type Name of Individual or Business		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 Approved by The Secretary of State of Alabama																				