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

Important: Read Instructions on Back Before Filling out Form.

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		NANCING STATEMENT is ursuant to the Uniform Cor		fficer for	
Return copy or recorded original to:			OR USE OF FILING OFFICE	R		
APCO Employees Credit Union 1608 7th Avenue No. Bham, AL 35203		24 47 58 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
					1 7 6 13 1 7 6 13	
Pre-paid Acct. #				*	は近点	
Name and Address of Debtor	(Last Name First if a Person)					
Thompson, James R. 3790 Highway 55 Wilsonville, AL 35186				# +sul	104/13/13/13/13/13/13/13/13/13/13/13/13/13/	
Social Security/Tax ID #	(I set Name First if a Darrow)					
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)					
				•	*	
Social Security/Tax ID #					ઇ	
☐ Additional debtors on attached UCC-E	 					
SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE C	F SECURED PARTY	(IF ANY)	(Last Name First if a Person)	
APCO Employees Credit 1 1608 7th Ave No. Birmingham, AL 35203	Jnion					
Social Security/Tax ID #						
☐ Additional secured parties on attached UCC-E					·	
5. The Financing Statement Covers the Following Types One (1) 1989 Ford tractor				5/	A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
					_600	
Check X if covered: T Products of Collateral are als	so covered.					
6. This statement is filed without the debtor's signature to (check X, if so)		7. Complete on The initial inc	ily when filing with the Jud debtedness secured by thi	s financino statement is	4895.00	
 already subject to a security interest in another jurisd already subject to a security interest in another jurisd to this state. which is proceeds of the original collateral described 	liction when debtor's location changed	Mortgage tax 8. This finar indexed in th	x due (15¢ per \$100.00 or s noing statement covers time ne real estate mortgage rec	taction thereof) \$ber to be cut, crops, or cords (Describe real est	ixtures and is to be cross ate and if debtor does not have	
perfected. acquired after a change of name, identity or corporate		an interest o	f record, give name of reco	(s) of Secured Party(ies		
as to which the filing has lapsed. Signature(s) of Debtor(s)	Mm	Signa	(Required only if filed w	ithout debtor's Signatur	e — see Box 6)	
Signature(s) of Debtor(s) James R Thompson			Signature(s) of Secured Party(ies) or Assignee APCO Hmployees CU			
Type Name of Individual or Business		Туре	Name of Individual or Busi		OMMERCIAL CODE — FORM UCC-	