

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

**Important: Read Instructions on Back Before Filling out Form.**

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| <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:<br><br><div style="text-align: center;">             ASSOCIATES FINANCIAL SERVICES<br/>             1633 MONTGOMERY HWY STE 1<br/>             BIRMINGHAM AL 35236           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <div style="border: 1px solid black; padding: 10px; transform: rotate(-90deg); transform-origin: center;">             Inst # 1994-23493<br/><br/>             07/27/1994-23493<br/>             10:08 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             DOI HCD 21.00           </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><div style="text-align: center;">             CYNTHIA MAYO<br/>             6807 WHITE TAIL DR<br/>             INVERNESS AL 35242           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                     |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><div style="text-align: center;">             Social Security/Tax ID # _____           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                     |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><div style="text-align: center;">             ASSOCIATES FINANCIAL SERVICES<br/>             1633 MONTGOMERY HWY STE 1<br/>             BIRMINGHAM AL 35236           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br><div style="text-align: center;">             Social Security/Tax ID # _____           </div>                                                                                                                                            |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                     |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><div style="text-align: center;">             1967 CESSNA 172/H SKYHAWK AIRPLANE           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                     |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.           </div> <div style="width: 35%;">             5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br/><br/> <div style="border-top: 1px solid black; height: 40px;"></div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                     |
| <div style="display: flex;"> <div style="width: 45%;">             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.           </div> <div style="width: 55%; border: 1px solid black; padding: 5px;">             7. Complete only when filing with the Judge of Probate:<br/>             The initial indebtedness secured by this financing statement is \$ <u>4000.00</u><br/><br/>             Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>21.00</u><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)           </div> </div> |                                     |                                                                                                                                                                                                                                                                                                                     |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             Signature(s) of Debtor(s)<br/> <br/>             Signature(s) of Debtor(s)           </div> <div style="width: 55%;">             Signature(s) of Secured Party(ies)<br/>             (Required only if filed without debtor's Signature — see Box 6)<br/> <br/>             Signature(s) of Secured Party(ies) or Assignee<br/>             ASSOCIATES FINANCIAL SERVICES<br/>             Type Name of Individual or Business           </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                     |