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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
SIA PIERCE ST.
LO BOX 112
ANOKA, MN. 55303

| ☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                     | No. of Additional<br>Sheets Presented:       | This FINANCING STATEMENT is presented to a filling pursuant to the Uniform Commercial Code.                                                | Filing Micer for                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Return copy or recorded original to:                                                                                                                                                                                                          |                                              | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                                                                    | ü                                                                                                           |
|                                                                                                                                                                                                                                               |                                              |                                                                                                                                            | 6 7 1                                                                                                       |
|                                                                                                                                                                                                                                               |                                              |                                                                                                                                            | H                                                                                                           |
|                                                                                                                                                                                                                                               |                                              |                                                                                                                                            | * 6 5                                                                                                       |
| Pre-paid Acct. #                                                                                                                                                                                                                              |                                              |                                                                                                                                            | 4 0 = 2                                                                                                     |
| 2 Name and Address of Debtor                                                                                                                                                                                                                  | (Last Name First if a Person)                |                                                                                                                                            |                                                                                                             |
| Roper, Sheila J<br>P.O. Box 154                                                                                                                                                                                                               |                                              |                                                                                                                                            | 7 7 7 7                                                                                                     |
| Maylene, AL 35114                                                                                                                                                                                                                             | Z <sub>ž</sub>                               |                                                                                                                                            |                                                                                                             |
|                                                                                                                                                                                                                                               |                                              |                                                                                                                                            | *** .                                                                                                       |
| Social Security/Tax ID #                                                                                                                                                                                                                      | 2 and Nama First if a Careage                |                                                                                                                                            |                                                                                                             |
| 2A. Name and Address of Debtor (IF ANY)                                                                                                                                                                                                       | (Last Name First if a Person)                |                                                                                                                                            |                                                                                                             |
| Roper, Billy<br>P.O. Box 154                                                                                                                                                                                                                  |                                              |                                                                                                                                            |                                                                                                             |
| Maylene, AL 35114                                                                                                                                                                                                                             | <i>!</i> ;                                   |                                                                                                                                            |                                                                                                             |
| Social Security/Tax ID #                                                                                                                                                                                                                      |                                              | FILED WITH:                                                                                                                                |                                                                                                             |
| Additional debtors on attached UCC-E                                                                                                                                                                                                          |                                              |                                                                                                                                            | •                                                                                                           |
| NAME AND ADDRESS OF SECURED PARTY) (La                                                                                                                                                                                                        | ast Name First if a Person)                  | 4. ASSIGNEE OF SECURED PARTY (IF ANY)                                                                                                      | (Last Name First if a Person)                                                                               |
| P.O. BOX 1858 HATTIESBURG, MS  Social Security/Tax ID #                                                                                                                                                                                       | 39401                                        |                                                                                                                                            |                                                                                                             |
| Additional secured parties on attached UCC-E                                                                                                                                                                                                  |                                              |                                                                                                                                            |                                                                                                             |
| 5. The Financing Statement Covers the Following Type                                                                                                                                                                                          | es (or items) of Property:                   | 1n #8739153695                                                                                                                             |                                                                                                             |
| 1983 Madrid Mobile                                                                                                                                                                                                                            | Home 14x70 seria                             | 1 #13311                                                                                                                                   | 5A. Enter Code(s) From<br>Back of Form That<br>Best Describes The<br>Collateral Covered<br>By This Filling: |
|                                                                                                                                                                                                                                               |                                              |                                                                                                                                            |                                                                                                             |
| <b></b>                                                                                                                                                                                                                                       |                                              |                                                                                                                                            |                                                                                                             |
| "THIS FINANCING STATI                                                                                                                                                                                                                         |                                              | IN EFFECT UNTIL A                                                                                                                          |                                                                                                             |
| Check X if covered: Products of Collateral are a                                                                                                                                                                                              | iso covered BALANCE                          | <b>\$</b> 576.23                                                                                                                           |                                                                                                             |
| This statement is filed without the debtor;'s signature (check X, if so)                                                                                                                                                                      | to perfect a security interest in collateral | <ol> <li>Complete only when filing with the Judge of Probate:</li> <li>The initial indebtedness secured by this financing state</li> </ol> | ement is \$                                                                                                 |
| <ul> <li>already subject to a security interest in another jurisdiction when it was brought into this state.</li> <li>already subject to a security interest in another jurisdiction when debtor's location changed to this state.</li> </ul> |                                              | Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$                                                                                 |                                                                                                             |
| which is proceeds of the original collateral describe perfected.                                                                                                                                                                              |                                              | indexed in the real estate mortgage records (Describe an interest of record, give name of record owner in Box                              | real estate and if debtor does not have                                                                     |
| acquired after a change of name, identity or corporate as to which the filing has lapsed. JUDGE                                                                                                                                               |                                              | Signature(s) of Secured P (Required only if filed without debtor's S                                                                       |                                                                                                             |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                     |                                              | MACNOLIA FEDERAL E<br>Signature(s) of Secured Party(ies) or Assignee                                                                       | BANK                                                                                                        |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                     |                                              | Signature(s) of Secured Party(ies) or Assignee                                                                                             | 1.11                                                                                                        |
| Type Name of Individual or Business                                                                                                                                                                                                           |                                              | Type Name of Individual or Business                                                                                                        | ······································                                                                      |