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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM. American Printing Co. (205) 254-3171

FORM 40107-3/91

					/IU/-3/3	
☐ 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 filing pursuant to the Uniform Commercial Cod	a Filing Office le.	er for	•	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office				
Avco Financial Services						
430 📑 Greensprings Hwy	Suite 16	<u> </u>		,		
Bham, AL 35209			•			
Pre-paid Acct #file# 17598			ł			
Name and Address of Debtor	(Last Name First if a Person)	1	. 2.00 - 4.00 - 4.00	named along		, in acceptance
Dowdell Sallie M			- - →	· . · .	a .	Ä
PO BOX 319			8	# 8	IE	JBATE
Saginaw, Al 35137			46	40		
file# 17598 Social Security/Tex 10 #			4	M.	RT	出
Social Security/Tex 10 # (IF ANY)	(Last Name First if a Person)	1	5 1	46	CE	当
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Social Security/Tax ID #	<u> </u>				Ţ	
Additional debtors on attached UCC-E					-d	
SECURED PARTY) (Last Name First if a Person)	······································	4. ASSIGNEE OF SECURED PARTY (IF AN)	r) (1	Last Name F	irst if a Pers	ion)
Avco Financial Servic	es					
PO BOX 19705						
Bham, AL 35219 Social Security/Tax ID #	<u> </u>					
Additional secured parties on attached UCC-E	itame) of Dranasta	<u></u>	<u></u>		<u></u> .	
The Financing Statement Covers the Following Types (or						
Zenith TV \$ 1300.00						
Fingerhut radio \$250.	.00		1	Enter Code(s Back of For	n That	
	ney i n Vanguard heate	er \$ 358,00	1	Best Descrit Collateral Co By This Filin	oes The overed	
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Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Collateral are also of Check X if covered: Products of Collateral are also of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Collateral are also of Check X if covered: Products of Check X if covered: Pro		7. Complete only when filing with the Judge of Probat The initial indebtedness secured by this financing s	ie: statement i= ¢	17	75.26	
(check X, if so) ∃ atready subject to a security interest in another jurisdiction when it was brought into this state.		The initial indebtedness secured by this mancing s Mortgage tax due (15¢ per \$100.00 or fraction there			.70	
already subject to a security interest in another jurisdiction to this state.	on when debtor's location changed	8. This financing statement covers timber to be cuindexed in the real estate mortgage records (Description)	t, crops, or fix ibe real estate	tures and is and if debt	to be cross or does not	have
 which is proceeds of the original collateral described above perfected. acquired after a change of name, identity or corporate strength 		an interest of record, give name of record owner in	ed Party(ies)			
as to which the filing has lapsed.		(Required only if filed without debtor	a aignature -	— эвк t10X б		
Signature(s) of Debtor(s)		Avco Financial Services Signature(s) of Secured Party(les) or Assigne	e	<u></u>	.	
Signature(s) of Debtor(s)	<u>. </u>	Signature(s) of Secured Party(ies) or Assigne	ee			
Type Name of Individual or Business		Type Name of Individual or Business			· · · · · · · · · · · · · · · · · · ·	
(1) FILING DEFICER COPY ALPHABETICAL (3) FILING OF	FICER COPY — ACKNOWLEDGEMENT Y — SECOND PARTY(S)	STANDARD FORM - U	UNIFORM CON by The Secreta	AMERICIAL Co iry of State of	ODE — FORM Alabama	M UCC-1