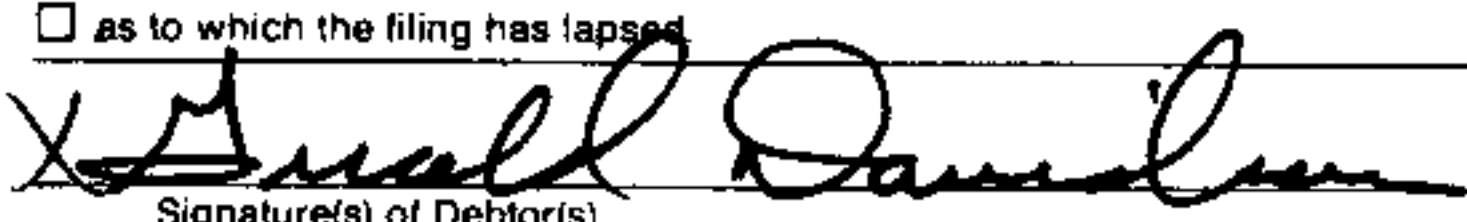
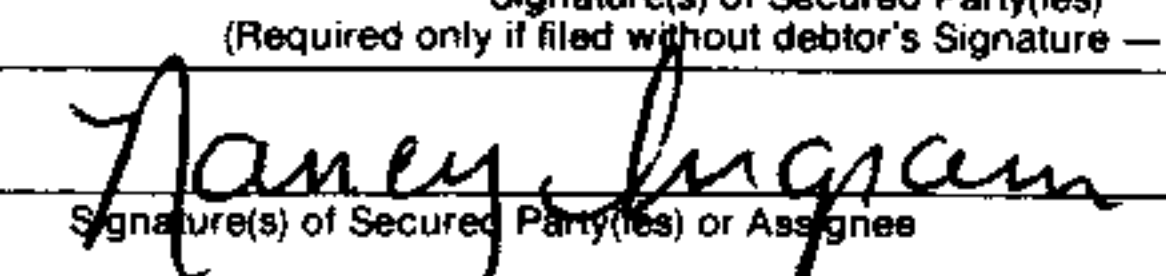


340  
33  
STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

**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:<br><br>First Alabama Bank<br>P.O. Box 216<br>Pelham, AL 35124<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <p>THIS SPACE FOR USE OF FILING OFFICER<br/>Date, Time, Number &amp; Filing Office</p> <p style="transform: rotate(-90deg); font-weight: bold;">Inst # 1995-00154</p> <p style="transform: rotate(-90deg); font-weight: bold;">01/03/1995-00154<br/>02:32 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>33.00<br/>001 SNA</p> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br>Gerald Davidson<br>10676 Hwy 55 Lot 20<br>Sterrett, AL 35147<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><b>FIRST ALABAMA BANK</b><br>Shelby County<br>P.O. Box 216<br>Pelham, AL 35124<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                 |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>One (1) New L2350DT Kubota S/N 56503<br>One (1) New QT2240 Loader Bush Hog S/N 12-00304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br>300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                     |
| Check X If covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 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 |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 7. Complete only when filing with the Judge of Probate: <b>Shelby</b><br>The initial indebtedness secured by this financing statement is \$ <b>12,000.00</b><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <b>18.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                     |
| 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)<br><br>_____<br>Signature(s) of Debtor(s)<br><b>Gerald Davidson</b><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br>_____<br>Signature(s) of Secured Party(ies) or Assignee<br><b>First Alabama Bank</b><br>Type Name of Individual or Business       |