## 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:	This FINANCING STATEMENT IS	s presented to a Filing Officer for ommercial Code
1. Return copy or recorded original to:	Sricets Presented.	THIS SPACE FOR USE OF FILING OFFICE	
FIRST NATIOANL BANK O	F COLUMNIANA	Date, Time, Number & Filing Office	
3001 HELENA RD			
HELENA, AL 35080			
Pre-paid Acct. #			
Name and Address of Debtor	(Last Name First if a Person	)	
HOPKINS, JAMES			3650 3650 1F 1E PROBATE
3057 PACK DRIVE			8 2 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
BESSEMER, AL			
35023			のの意
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Social Security/Tax ID #	(Last Name First if a Person		1. 大き
A. Name and Address of Debtor (#F ANY)	(Last Name First if a Fersor	'	* * 5 5
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Social Security/Tax ID #	<del></del>	<b>—</b> ∤	
Additional debtors on attached UCC-E		A ABOIGNIES OF SECURED DARTY	AE ANDY) () and Name Signiff a Decemb
SECURED PARTY) (Last Name First if a Person) FIRST NATIONAL BANK O	F COLU	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
3001 HELENA ROAD		•	
		]	
melena, al 35080		i	
HELENA, AL 35080			
Social Security/Tax ID #			
Social Security/Tax ID #	or items) of Proparty:	SEE ATTACHED SHEET	S) FOR COMPLETE DESCRIPTION
Social Security/Tax ID #	S/N: ZZNO4718B989	SEE ATTACHED SHEET( ANS ONE (1) 1989 AMC	S) FOR COMPLETE DESCRIPTION BOAT
Social Security/Tax ID #	S/N: ZZNO4718B989	SEE ATTACHED SHEET( ANS ONE (1) 1989 AMC	
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Social Security/Tax ID #	S/N: ZZN04718B989 6KM002017	SEE ATTACHED SHEET( ANS ONE (1) 1989 AMC	5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
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(4) FILE COPY — SECOND PARTY(S)