

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Register, Inc.
314 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 431-1713

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: 1	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to: <div style="text-align: center;">SPHS BANK OF AMERICA FSB</div> <div style="text-align: center;">P.O. BOX 385000</div> <div style="text-align: center;">BIRMINGHAM, AL 35238</div> Pre-paid Acct. # _____		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Inst # 1995-14631 06/05/1995-14631 12:57 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 24.00 001 SNA </div>
2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;">OLIVER, PAUL E</div> <div style="text-align: center;">#7 DENARD CIRCLE</div> <div style="text-align: center;">ALABASTER, AL 35007</div> Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <div style="text-align: center;">[REDACTED]</div> Social Security/Tax ID # _____		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <div style="text-align: center;">SPHS BANK OF AMERICA FSB</div> <div style="text-align: center;">P.O. BOX 385000</div> <div style="text-align: center;">BIRMINGHAM, AL 35238</div> Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) FILED WITH: _____
<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:

1982 SUNSHINE 14X60 SERIAL#12822

INCLUDING BUT NOT LIMITED TO ALL FURNITURE, FIXTURES, APPLIANCES AND ANY REPLACEMENTS THEREOF.

THIS FINANCING STATEMENT WILL BE EFFECTIVE UNTIL A TERMINATION STATEMENT IS FILED.

ACCOUNT # 53205797 MATURITY DATE: JUNE 13, 2000

Check X if covered: ☐ 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): <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>5,800.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____ 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) <div style="text-align: center;"><i>Paul E. Oliver</i></div> Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6) <div style="text-align: center;"><i>[Signature]</i></div> Signature(s) of Secured Party(ies) or Assignee <div style="text-align: center;">SPHS BANK OF AMERICA FSB</div> Type Name of Individual or Business