TO THE UNIFORM COMMERCIAL CODE, STATE OF	FILING OFFICER FOR FILING PURSUANT GEORGIA.		
1A. Debtor Name and Mailing Address: NEWSOME, JOSEPH P	Zindividual (Last, First, Middle Name)  □ Business (Legal Business Name)		
460 RIVER DR WILSONVILLE, AL 35186			65 65 Fi
1B. Enter Social Security /Tax ID #	1C. □ Check if exempt under item 6		
2A. Debtor Name and Mailing Address:	☐ Individual (Last, First, Middle Name) ☐ Business (Legal Business Name)		1995-18 11995-18 17 1866 97 15.0
	:	ABOVE SPACE FOR RECORDIN	IG INFORMATION ONLY
28. Enter Social Security /Tax iD #	2C. Check if exempt under item 6	5. Assignee Name and Malting Address	□ <b>di</b> dividual (Last, Filst diddle Name)
3A. Debtor Name and Mailing Address:	□ individua! (Last, First, Middle Name) □ Business (Legal Business Name)		Cosiness (Legel Presidess Name)
3B. Enter Social Security /Tax ID #	3C. 🗆 Check if exempt under Item 6	6. Exceptions for Social Security/Tax ID# — O.C.G. perfect a security interest in collateral already subjects.	
4. Secured Party Name and Mailing Address: 🔲 Individual (Last, First, Middle Name)		when it is brought into this state or when the debtor's location is changed to this state, or the debtor.	
DELTA EMPLOYEES CREDIT UNION TRANSMINESS (Legal Business Name) HARTSFIELD INT'L AIRPORT P O BOX 20541		7. ☐ Check Only if BOTH: (i) Collateral Is consumer goods as defined in O.C.G.A. 11-9-109 and (ii) the secured obligation is originally \$5,000 or less, and give maturity date (MONTH/DAY/YEAR) or state "None" NONE.	
ATLANTA, GA 30320-2541		8. Check ONLY if applicable. A. Collateral on Consignment. B. Collateral on Lease.	
9A. This financing statement covers the following types	or items of collateral;		9C. Enter collateral code(s) from back of form that best describes collateral
1995 CHRIS CRAFT 18' BOA 1995 COBRA MOTOR ID# 1995 CUSTOM FROMES TRAIL	T01283895		1200
9B. D Products of collateral are also covered.			9D. Number of additional sheets presented:
<ol> <li>10. Check if applicable and include reasonable description.</li> <li>A.□ Crops growing or to be grown.</li> <li>B.□ Minerals</li> <li>11. Name of the Record Owner(s) or Record Lessee(s)</li> </ol>	or the like (including oil and gas) or accounts	subject to O.C.G.A. 11-9-103(5). C. Fixture filling pu	rsuant to O.C.G.A. 11-9-313.
12. County or Counties In which the affected real estat	s is located (Must be identified if filing covers o	crops, mineral or fixtures):	- <u>1</u> 8553
13. This statement is filed without the debtor's signature.  A. □ already subject to a security interest in another.  B. □ which is proceeds of the original collateral de.  C. □ as to which the filing has lapsed;  D. □ acquired after a change of debtor's name, ide.  E. □ described in a security agreement / real estate.	ntify or corporate structure; or	perfected; 101 KCD	محد بد :
14. Signature(s) of Debtor(s)	u Se,	15. Signature(s) of Secured Party(les)	
	DELTA EMPLOYEES CRED		UNION
6. Return Copy To: Name and Address  DELTA EMPLOYEES CREDIT UNION  HARTSFIELD INT'L AIRPORT  P O BOX 20541  ATLANTA, GA 30320-2541		STATE OF GEORGIA - FINANCING STATEMENT  UCC-1 (REVISED 1/1/1995)  FORM MUST BE TYPED.  READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM.	

STANDARD FORM UCC-1 - APPROVED 1/1/1995 BY GEORGIA SUPERIOR COURT CLERKS' COOPERATIVE AUTHORITY