## 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<br>Sheets Presented. | This FINANCING STATEMENT is presented to a Filing Officer for filling pursuant to the Uniform Commercial Code                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return copy or recorded original to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                                                      |
| CENTRAL STATE BANK<br>POST OFFICE BOX 180<br>CALERA, ALABAMA 35040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | PROBATE DE SE                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Pre-paid Acct. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Last Name First if a Person)         | の記号                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ALLEN REID 4933 HIGHWAY 18 MONTEVALLO, ALABAMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 5-22794<br>21 PM COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | 65 89 89 89 89 89 89 89 89 89 89 89 89 89                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Social Security / Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ANY) (Last Name First if a Person)    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | Inst                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | FILED WITH:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | SHELBY COUNTY JUDGE OF PROBATE                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Highway 25 P.C Calera, Alaban  Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul> <li>Additional secured parties on attached UCC-E</li> <li>The Financing Statement Covers the Following 3</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1968 FORD MUSTANG SER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RIAL NUMBER #8TO1C123S                | 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul> <li>Check X if covered:  Products of Collateral are also covered.</li> <li>6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)</li> <li>already subject to a security interest in another jurisdiction when it was brought into this state.</li> <li>already subject to a security interest in another jurisdiction when debtor's location changed to this state.</li> <li>which is proceeds of the original collateral described above in which a security interest is perfected.</li> </ul> |                                       | 7. Complete only when filing with the Judge of Probate. The initial indebtedness secured by this financing statement is \$ 4.565.80  Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 21.90  8. ☐ 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) |
| <ul> <li>acquired after a change of name, identity or cor</li> <li>as to which the filling has lapsed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | porate structure of debtor            | Signature(s) of Secured Partyries) (Required enty if fred without delitor's Signature — see Box 6)                                                                                                                                                                                                                                                                                                                                                           |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | Signature(s) of Secured Party(les) or Assignee CENTRAL STATE BANK                                                                                                                                                                                                                                                                                                                                                                                            |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | Signature(s) of Secured Party(ies) or Assignee                                                                                                                                                                                                                                                                                                                                                                                                               |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                          |