

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

Important: Read Instructions on Back Before Filling out Form.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |
| Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">10/16/1995-29378</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">10:32 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">26.95</div>                                                                                                                                                                       |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Kernop, Tony W.<br>546 Hwy 253<br>Montevallo, AL 35115<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Kernop, Kimberly D.<br>546 Hwy 253<br>Montevallo, AL 35115<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>Green Tree Financial Corp.<br>332 Minnesota St. Suite 620<br>St. Paul, MN 55101<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>1995 15Ft, 10In. Sea Nymph TX165 Boat S# OMCS6701A595<br>1995 50HP Johnson J50TLEO Motor S# 03864524<br>1995 Shore Land'r B1715 Trailer S# 1MDC17P13SM733692<br><br>5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>Check X if covered: <input 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:<br>The initial indebtedness secured by this financing statement is \$ <u>7219.60</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____<br><br>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><u>Tony W. Kernop</u><br>_____<br>Signature(s) of Debtor(s)<br><u>Kimberly D. Kernop</u><br>_____<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><u>Aaron Shovien</u><br>_____<br>Signature(s) of Secured Party(ies) or Assignee<br>_____<br>Signature(s) of Secured Party(ies) or Assignee<br>_____<br>Type Name of Individual or Business                                                                                                                                                                                                                                                |                                                                                                               |
| (1) FILING OFFICER COPY — ALPHABETICAL<br>(2) FILING OFFICER COPY — NUMERICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (3) FILING OFFICER COPY — ACKNOWLEDGEMENT<br>(4) FILE COPY — SECOND PARTY(S)<br>(5) FILE COPY DEBTOR(S)                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |