REORDER FROM: \*\* PERSON BUBINESS FORMS, INC. (800) 438-0162

**CONTROL #33170** 

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1

Approved by The Secretary of State of Alabama

## 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 presented to a Filing pursuant to the Uniform Commercial Code.	ng Officer for
Return copy or recorded original to:	<del></del>	THIS SPACE FOR USE OF FILING OFFICER	<del> · · · · · · · · · · · · · · · · · ·</del>
FIRST FAMILY FINANCIAL S		Date, Time, Number & Filing Office	
1607 B CENTER POINT ROAI	D		
SIRMINGHAM, AL 35215			
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		★	16.94 Tr. Tr. PROBATE
		36	
Pre-paid Acct. #	- Oper North Control of Control		(d) F F C
	(Last Name First if a Person)	Ţ,	1 7 -
ARTHUR S SULLIVAN		<u>%</u>	
5900 PINE MOUNTAIN ROAD	•	) Š	0 2
REMLAP,AL 35133			てる憲字
		<b>*</b>	<b>0</b> 2 3
•		د.	0/4/0 MESS MESS
Social Security/Tax ID #		in the second se	<b>₹:</b> \$
2A. Name and Address of Debtor (IF At	NY) (Last Name First if a Person)	1	ב מ כי
			•
OORIS SULLIVAN			
900 PINE MOUNTAIN ROAD			
REMLAP, AL 35133	·•		
		BLOUNT COUNTY	
Social Security/Tax ID #		DECOMI COUNTI	
☐ Additional debtors on attached UCC-E			
SECURED PARTY) (Last Name First if a Person)		4. AGSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Perso
FIRST FAMILY FINANCIAL S	RERVICES		•
607 B CENTER POINT ROAD	· · · · · · · · · · · · · · · · · · ·		
SIRMINGAHM ,AL 35215			
521d1211043111 3111			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
The Financing Statement Covers the Following Ty	nes (or items) of Property:	<u>.</u>	. <u> </u>
	pes (or nerns) or Property.		
	-		
1 RCA 27" CTV 1 SCM 65	50 RADIO		5A. Enter Code(s) From Back of Form That
			Best Describes The Colleteral Covered
			By This Filing:
			<del></del>
			<del></del>
			<del></del>
•			
Check X if covered: Products of Collateral are	also covered.		<del></del>
This statement is filed without the debtor's signature (check X if so)		7. Complete only when filing with the Judge of Probate:	750
already subject to a security interest in another juri	isdiction when it was brought into this state.	The initial indebtedness secured by this financing statemen	tiss
already subject to a security interest in another juri to this state.	isdiction when debtor's location changed	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$	<u> </u>
which is proceeds of the original collateral describ	ped above in which a security interest is	<ol> <li>This financing statement covers timber to be cut, crops, indexed in the real estate mortgage records (Describe real estate mortgage).</li> </ol>	or fixtures and is to be cross estate and if debtor does not have
perfected.  acquired after a change of name, identity or corpor	rate structure of debtor	an interest of record give name of record owner in Box 5)	<del>/ </del>
as to which the filing has lapsed.		Signature(s) of Secured Partys (Required only if filed without debtor's Signat	yre see Box 6
Cith	000	10-114 111	171/
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ses) or Assignee	
Daris Sille	ut~	Organization of Secured Party(les) or Assignee	
Signature(s) of Debtor(s)	-	Signature(s) of Secured Party(ies) or Assignee	· · · · · · · · · · · · · · · · · · ·
Type Name of Individual or Business		FIRST FAMILY FINANCIAL	SERVICES
Surve Account and	NG OFFICER COPY — ACHNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM	

(5) FILE COPY DEBTOR(S)

(3) FILING OFFICER COPY — ACHNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S)

(2) FILING OFFICER COPY - NUMERICAL