

24380

**REORDER FROM**  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

<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: <b>BAHS BANK OF AMERICA, FSB</b> <b>PO BOX 385000</b> <b>BIRMINGHAM, AL 35238</b>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) <b>BOLINGER, JACK H</b> <b>119 BROOKLINE LN</b> <b>HELENA, AL 35080</b> 		<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Inst # 1996-38897</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">11/25/1996-38897</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">12:49 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">001 MCD 25.90</p>	
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <b>ROBINSON, APRIL T</b> <b>119 BROOKLINE LN</b> <b>HELENA, AL 35080</b> 			
Social Security/Tax ID # _____ <input type="checkbox"/> Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <b>BAHS BANK OF AMERICA, FSB</b> <b>PO BOX 385000</b> <b>BIRMINGHAM, AL 35238</b>  Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E			
4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) *		FILED WITH:	
5. The Financing Statement Covers the Following Types (or items) of Property:  <div style="font-family: monospace; font-size: 1.2em;">           1987 FLINTSTONE NG 14X66 F2D66S142CK5150GA             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 #:    53304843                      MATURITY DATE:         </div> <div style="float: right; text-align: right; margin-top: -100px;">           5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:             _____            _____            _____            _____            _____            _____  <span style="font-size: 1.5em; font-weight: bold;">6,529.50</span> </div> <div style="clear: both;"></div>			
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) <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 \$ _____  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)  Signature(s) of Debtor(s) 		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)  Signature(s) of Secured Party(ies) or Assignee 	
Type Name of Individual or Business		Type Name of Individual or Business	