

This UCC-1 FINANCING STATEMENT is presented for filing pursuant to the Wisconsin Uniform Commercial Code.

1. Debtor (Legal Name Of Entity Or Last Name If An Individual) First Name Middle Initial  
WOODS, EDGAR H III

1A. Mailing Address  
3417 WILDEWOOD DR

1B. City, State, Zip Code 1C. Social Security or Federal Tax ID No.  
PELHAM AL 35124-1432

2. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name If An Individual) First Name Middle Initial

2A. Mailing Address

2B. City, State, Zip Code 2C. Social Security or Federal Tax ID No.  
00000-0000

3. Additional Debtor (If Any) (Legal Name Of Entity Or Last Name If An Individual) First Name Middle Initial

3A. Mailing Address

3B. City, State, Zip Code 3C. Social Security or Federal Tax ID No.

4. Secured Party  
Name TRANE FEDERAL CREDIT UNION  
Mailing Address P O BOX 443  
City, State, Zip Code LACROSSE WI 54602

5. File With  Secretary of State  Reg. of Deeds \_\_\_\_\_ County

6. No. of Additional Sheets Presented: \_\_\_\_\_ Attaching additional pages requires non-standard fee.

7. This Financing Statement covers the following types (or items) of Collateral and (7A) If the collateral is crops, the land on which the crops are growing or to be grown. 7B. Proceeds of collateral are covered unless checked  7C. Products of collateral are covered unless checked  7D. If checked here  the term "Debtor" refers to a "Lessee", the term "Secured Party" refers to a "Lessor" and this filing is made only for informational purposes to provide notice of a personal property lease of the following:

- 96 Maxum 2100 SR2 Boat USJA97NDD696
- 1996 Maxum Axle Trailer 405221TBOTD000231
- 1996 Mercrusier 5.7 Liter OF850976

\$ Amount Financed 17,716.54

8. Office use only: (Initial Filing - Date, Time, Number, etc.)

12/16/1996-41201  
11:03 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
11.70  
001 NEL

9. SUBMITTER ACCOUNT NUMBER  
(For use only with Secretary of State - insert assigned number, if any.)

10. Assignee Of Secured Party (if any)  
Name  
Mailing Address  
City  
State, Zip Code

11. "Continuing Business Relationship" under S.409.404(1)(C) Wis. Stats. exists if checked

12. NAME OF DEBTOR (IF ENTITY)  
BY: SIGNATURE TITLE  
Edgar H. Woods III  
SIGNATURE OF INDIVIDUAL DEBTOR  
SIGNATURE OF INDIVIDUAL DEBTOR  
SIGNATURE OF INDIVIDUAL DEBTOR

13. Karen Arentz Dean Proctor  
SIGNATURE OF SECURED PARTY OR ASSIGNEE OR ITS AGENT - TITLE  
(Signature of Secured Party if required)

Signature of Secured Party permitted in lieu of Debtor's signature when:  
(1) Collateral is subject to a security interest in another jurisdiction, and  
 Collateral is brought into this state.  
 Debtor's location was changed to this state.  
(2) For other situations see S.409.402(2) Wis. Stats.

14. RETURN COPIES TO:  
TRANE FEDERAL CREDIT UNION  
P O BOX 443  
LACROSSE WI  
54602  
Name  
Address  
City, State  
And Zip Code

15. KAREN ARENTZ  
CONTACT PERSON  
608-787-4546  
PHONE NUMBER