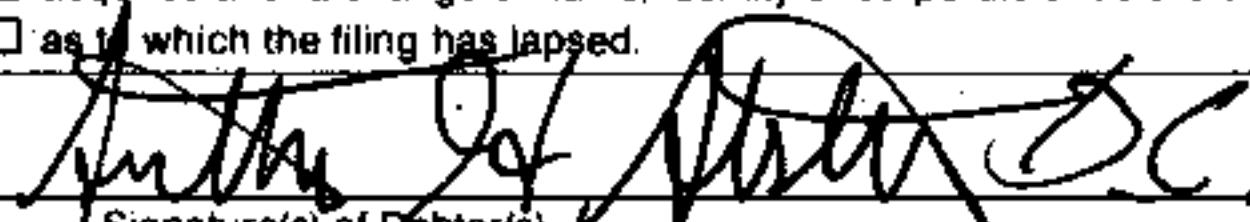
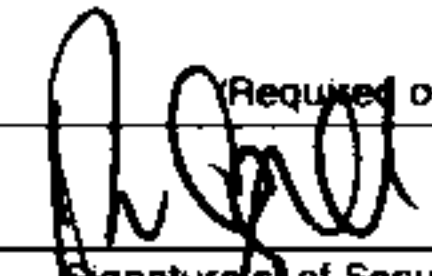


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

<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: Regions Bank P.O. Box 4897 Montgomery, AL 36103 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="transform: rotate(-90deg); transform-origin: center;"> Inst # 1997-01763 </div> <div style="transform: rotate(-90deg); transform-origin: center;"> 01/16/1997-01763 01:43 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 76.00 002 MCD </div>
2. Name and Address of Debtor (Last Name First if a Person) ABSTON CHIROPRACTIC & WELLNESS 2700 PELHAM PARKWAY PELHAM, AL 35124-0000 Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person) FIRST ALABAMA BANK 2964 HIGHWAY 31 SOUTH PELHAM, AL 35124-0000 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: ALL EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED BY ABSTON CHIROPRACTIC & WELLNESS OR ANTHONY ABSTON INCLUDING BUT NOT LIMITED TO THAT LISTED ON SCHEDULE "A".		
Check X if covered: <input checked="" 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 \$ <u>Shelby 40,000.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>60.00</u>
Signature(s) of Debtor(s)  ABSTON CHIROPRACTIC & WELLNESS Type Name of Individual or Business		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 Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)  FIRST ALABAMA BANK Type Name of Individual or Business

Schedule "A"

EQUIPMENT LIST
ABSTON CHIROPRACTIC & WELLNESS CENTER

X-RAY DTX	\$8,000.00
PROCESSOR	\$2,200.00
DOUBLE DROP TABLE	\$1,200.00
SINGLE DROP TABLE	\$ 850.00
PORTABLE TABLE	\$ 250.00
COMPUTER	\$2,200.00
PRINTER	\$350.00
SOFTWARE	\$1,100.00
BUSINESS SUPPLIES	<u>\$500.00</u>
TOTAL	\$16,650.00

Inst # 1997-01763

01/16/1997-01763
01:43 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 HCD 76.00