| as defined in ALA CODE 7-9-105(n).  No. Of Table Code (n) Sheets Presented:                                                                                                         | This Financing Statement is presented to a Fining Office for filling pursuant to the Uniform Commercial Code.                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return copy or recorded original to:                                                                                                                                                | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                                                                                                                  |
| FIRST BANK OF CHILDERSBURG                                                                                                                                                          | Ţ.                                                                                                                                                                                       |
| P.O. DRAWER K                                                                                                                                                                       | <u>"</u>                                                                                                                                                                                 |
| VINCENT, ALABAMA 35178                                                                                                                                                              | \                                                                                                                                                                                        |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
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| Pre-paid Acct. #                                                                                                                                                                    | → 以 <b>?</b> ≦ ℃                                                                                                                                                                         |
| Name and Address of Debtor (Last Name First if a Person)                                                                                                                            |                                                                                                                                                                                          |
| SAM C. LYNN                                                                                                                                                                         |                                                                                                                                                                                          |
| P.O. BOX 9                                                                                                                                                                          |                                                                                                                                                                                          |
| STERRETT, ALABAMA 35147                                                                                                                                                             |                                                                                                                                                                                          |
|                                                                                                                                                                                     | <u>6, 5</u> €                                                                                                                                                                            |
| Social Security/Tax ID #_                                                                                                                                                           | an ≅ S                                                                                                                                                                                   |
| Name and Address of Debtor (!F ANY) (Last Name First if a Person)                                                                                                                   | -                                                                                                                                                                                        |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     | Filed with:                                                                                                                                                                              |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     | SHELBY COUNTY PROBATE OFFICE                                                                                                                                                             |
| Social Security/Tax ID #                                                                                                                                                            |                                                                                                                                                                                          |
| Additional debtors on attached UCC-E                                                                                                                                                | •                                                                                                                                                                                        |
| SECURED PARTY) (Last Name First if a Person)                                                                                                                                        | 4. ASSIGNEE OF SECURED PARTY (NF ANY) (Last Name First if a Person)                                                                                                                      |
| FIRST BANK OF CHILDERSBURG                                                                                                                                                          |                                                                                                                                                                                          |
| 120 8th Ave. P.O. Box 329                                                                                                                                                           |                                                                                                                                                                                          |
| Childersburg, Alabama 35044                                                                                                                                                         |                                                                                                                                                                                          |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
| Social Security/Tax ID #                                                                                                                                                            |                                                                                                                                                                                          |
| Additional secured parties on attached UCC-E                                                                                                                                        |                                                                                                                                                                                          |
| The Financing Statement Covers the Following Types (or items) of Property:                                                                                                          | •                                                                                                                                                                                        |
| 1996 KAWASAKI JRBLFBA14TB705414                                                                                                                                                     |                                                                                                                                                                                          |
| 1330 KAMAJAKI UKULI DATTIDI UJTTI                                                                                                                                                   |                                                                                                                                                                                          |
|                                                                                                                                                                                     | SA. Enter Code(s) From<br>Back of Form That                                                                                                                                              |
|                                                                                                                                                                                     | Best Describes The<br>Collateral Covered<br>By This Filling:                                                                                                                             |
|                                                                                                                                                                                     | ——————————————————————————————————————                                                                                                                                                   |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     | <del></del>                                                                                                                                                                              |
|                                                                                                                                                                                     | <del></del>                                                                                                                                                                              |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
| Check X if covered: Products of Collateral are also covered.                                                                                                                        |                                                                                                                                                                                          |
| nis statement is filed without the debtor's signature to perfect a security interest in collateral heck X, if so)                                                                   | 7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ 2,500.00                                                      |
| dready subject to a security interest in another jurisdiction when it was brought into this state. It is a security interest in another jurisdiction when debtor's location changed | Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 19.75                                                                                                                         |
| which is proceeds of the original collateral described above in which a security interest is                                                                                        | 8. 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 |
| perfected.                                                                                                                                                                          | an interest of record, give name of record owner in Box 5)                                                                                                                               |
| acquired after a change of name, identity or corporate structure of debtor as to which the filing has lapsed.                                                                       | Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6)                                                                                       |
| La C                                                                                                                                                                                | FIRST BANK OF CHILDERSBURG                                                                                                                                                               |
| Signature(s) of Debtor(s)                                                                                                                                                           | Signature(s) of Secured Party(ies) or Assignee                                                                                                                                           |
| Signaturates of Dahta-(a)                                                                                                                                                           |                                                                                                                                                                                          |
| Signature(s) of Debtor(s)                                                                                                                                                           | Signature(s) of Secured Party(ies) or Assignee                                                                                                                                           |
| Type Name of Individual or Business                                                                                                                                                 | Type Name of Individual or Business                                                                                                                                                      |
| FILING OFFICER COPY ALPHABETICAL (3) FILING OFFICER COPY ACKNOWLEDGEMENT (4) FILE COPY SECOND PARTY(S)                                                                              | STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  (5) FILE COPY DEBTOR(S)  Approved by The Secretary of State of Alabama                                                             |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                     |                                                                                                                                                                                          |
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