| The Debtor is a transmitting utility                                                                                                                                                                                                                                                                                                                        | No. of Additional                                                                                                                                                                                                              | This FINANCING STATEMENT is presented to a Filing Officer for                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to:                                                                                                                                                                                                                                                                                    | Sheets Presented:                                                                                                                                                                                                              | filing pursuant to the Uniform Commercial Code THIS SPACE FOR USE OF FILING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |
| Green Tree Financial Co                                                                                                                                                                                                                                                                                                                                     | rn-Alabama                                                                                                                                                                                                                     | Date, Time, Number & Filing Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |
| 100 RIVERPOINT CORP CTR                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| BIRMINGHAM , AL 35243                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| BIRHINGHAM , AL 33243                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Pre-paid Acct. #                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Name and Address of Debtor                                                                                                                                                                                                                                                                                                                                  | (Last Name First if a Person)                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25 ~ EB ~                                                                                                                            |
| DIDDIAM DITTITAM R                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| DUNNAM, WILLIAM B.                                                                                                                                                                                                                                                                                                                                          | *                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 85. 35. 35. 35. 35. 35. 35. 35. 35. 35. 3                                                                                            |
| 115 CEDAR GROVE                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 71.58                                                                                                                                |
| MAYLENE , AL 35114                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>~</b> 1 €                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 99<br>507<br>508                                                                                                                     |
| _ ·                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>→ 5 5 5</b>                                                                                                                       |
| Social Security/Tax ID#                                                                                                                                                                                                                                                                                                                                     | F ANY) (Last Name First if a Person)                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | * こできず                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                             | ,—————————————————————————————————————                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . m 5 g                                                                                                                              |
| DUNNAM, ALICE F.                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T                                                                                                                                    |
| 115 CEDAR GROVE                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| MAYLENE , AL 35114                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T 5                                                                                                                                  |
| -                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Social Security/Tax ID#                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |
| Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                | ALED WITH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
| Name and Address of Secured Party                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                | 4. Name and Address of Assignee of Secured Perty                                                                                                                                                                                                                                                                                                                                                                                                                                         | (IF ANY)                                                                                                                             |
| Company March Richards Co                                                                                                                                                                                                                                                                                                                                   | am Alabama                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Green Tree Financial Co                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| 100 RIVERPOINT CORP CTI                                                                                                                                                                                                                                                                                                                                     | K DR. SIE 3/3                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| BIRMINGHAM , AL 35243                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Social Security/Tax ID#                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                             | 100 E                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
| Additional secured parties on attached U                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ····                                                                                                                                 |
| The Financing Statement Covers the Fol                                                                                                                                                                                                                                                                                                                      | 14 X 70 SERIAL# SMH                                                                                                                                                                                                            | NC13999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |
| 1987 AND THETHERN                                                                                                                                                                                                                                                                                                                                           | ITURE, FIXTURES, APPURTENANCES                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5A. Enter Code(s) From                                                                                                               |
| THERETO; INCLUDING BUT NOT LIMITED TO THOSE ITEMS SPECIFIED TO THOSE ITEMS SPECIFIED TO THOSE ITEMS SPECIFIED TO THOSE ITEMS SPECIFIED THE MANUFACTURER'S INVOICE AND/OR PURCHASE AGREEMENT CONTRACT OR INSTALLMENT LOAN AGREEMENT. "THIS FINANCE."                                                                                                         |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Back of Form That Best Describes The                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Collateral Covered                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                             | ONEY HOUSEHOLD GOODS AS DEFINED                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | By This Filing: 6 0 2                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 801                                                                                                                                  |
| •                                                                                                                                                                                                                                                                                                                                                           | TATUTE." THIS FINANCING STATEME                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>803</u>                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                             | UTE INVENTORY AND REMAINS IN EF                                                                                                                                                                                                | THAT AUTTH U THWITHUITAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                                                                                                             |
| STATEMENT IS FILED.                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |
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| <u>_</u>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                | TY: SHELBY                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |
| Charle V is conserved . The decision of Co                                                                                                                                                                                                                                                                                                                  | ulisteral are also covered COTIN                                                                                                                                                                                               | I T T TO THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OF THE T                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |
| Check X if covered: Products of Co.  This statement is filed without the debtor                                                                                                                                                                                                                                                                             | ollateral are also covered. COIIN                                                                                                                                                                                              | 7. Complete only when filing with the Judge of Probate                                                                                                                                                                                                                                                                                                                                                                                                                                   | : 13637.75                                                                                                                           |
| . This statement is filed without the debtor<br>(check X, if so)<br>  already subject to a security interest in ar                                                                                                                                                                                                                                          | r's signature to perfect a security interest in collateral nother jurisdiction when it was brought into this state.                                                                                                            | 7.Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing star Mortgage tax due (15, per \$100.00 or fraction there                                                                                                                                                                                                                                                                                                                       | tement is \$                                                                                                                         |
| This statement is filed without the debtor<br>(check X, if so)<br>stready subject to a security interest in a<br>already subject to a security interest in a                                                                                                                                                                                                | r's signature to perfect a security interest in collateral                                                                                                                                                                     | 7.Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing star Mortgage tax due (15 per \$100.00 or fraction there                                                                                                                                                                                                                                                                                                                        | of) \$O.00                                                                                                                           |
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| <ul> <li>This statement is filed without the debtor (check X, if so)</li> <li>already subject to a security interest in an already subject to a security interest in a this state.</li> <li>which is proceeds of the original collate perfected.</li> </ul>                                                                                                 | r's signature to perfect a security interest in collateral nother jurisdiction when it was brought into this state, nother jurisdiction when debtor's location changed to eral described above in which a security interest is | 7.Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing star Mortgage tax due (15 per \$100.00 or fraction there  8.  This financing statement covers timber to be cut, indexed in the real estate mortgage records (Describe an interest of record, give name of record owner in 8                                                                                                                                                     | of) \$OOO  crops, or fixtures and is to be cross real estate and if debtor does not have lox 5).                                     |
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| This statement is filed without the debtor (check X, if so)  already subject to a security interest in an already subject to a security interest in a this state.  which is proceeds of the original collate perfected.  acquired after a change of name, identity as to which the filing has lepsed.  WILLIAM B. DUNNAM  Signature(s) of Debtor(s) ALICE F | nother jurisdiction when it was brought into this state, nother jurisdiction when debtor's location changed to reral described above in which a security interest is or corporate structure of debtor.                         | 7. Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing state Mortgage tax due (15 per \$100.00 or fraction there 8.  This financing statement covers timber to be cut, indexed in the real estate mortgage records (Describe an interest of record, give name of record owner in 8  Signature(s) of Secured (Required only if filed without debtor's                                                                                  | of) \$O.OO  crops, or fixtures and is to be cross real estate and if debtor does not have lox 5).  Party(ies) Signature - see Box 6) |
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