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

Important: Read Instructions on Back Before Filling out Form.

514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres- filing pursuant to the Uniform Comme	ented to a Filing Off roial Code.	icer for
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
First Federal Savings Ban P O Box 340 Bessemer, Al. 35021 744542 Pre-paid Acct #	(Last Name First if a Person)	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	Inst # 1997-21301	10:23 AM CERTIFIED SHELBY COUNTY JUNCE OF PROBATE 24.00
Social Security/Tax (D #		FILED WITH:	<u>, _,</u>	,
☐ Additional debtors on attached UCC-E		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
FIRST FEDERAL SAVIN 1630 4th Avenue N Bessemer, Alabama Social Security/Tax ID # Additional secured parties on attached UCC-E The Financing Statement Covers the Following Types (or it	lorth 35020			
2 Tanning Beds vin# 001019724001 (top) vin# SP1C32276 (bench vin# SP1C09166 (top) vin# SP1C15798 (bench	-3		5.4	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are also co 6. This statement is filed without the debtor's signature to per (check X, if so) already subject to a security interest in another jurisdiction already subject to a security interest in another jurisdiction to this state. which is proceeds of the original collateral described aborderected. acquired after a change of name, identity or corporate structure as to which the filling has lapsed.	fect a security interest in collateral in when it was brought into this state. In when debtor's location changed ove in which a security interest is	(Required only if filed without	tion thereof) \$to be cut, crops, or to be cut, crops, crops, or to be cut, crops, or to	9.00 fixtures and is to be cross ate and if debtor does not have
Signature(s) of Debtor(s) Signature(s) of Debtor(s) Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFF	ICER CORY ACKNOWI FOGEMENT	Signature(s) of Secured Party(ies) of Secure	Assignee s	MMERCIAL CODE — FORM UCC.

(2) FILING OFFICER COPY - NUMERICAL