

# 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).<br>1 Return copy or recorded original to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No. of Additional Sheets Presented: | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code<br><br>THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                       |
| Regions Bank<br>P O Box 4897<br>Montgomery, AL. 36103<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <div style="transform: rotate(-90deg); font-weight: bold;">Inst # 1997-24590</div> <div style="transform: rotate(-45deg); font-weight: bold;">08/05/1997-24590<br/>12:36 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>30.25<br/>001 MCD</div>                                                                                                                                                                                                                                                                                 |
| 2 Name and Address of Debtor (Last Name First if a Person)<br><br>Dunnaway, Tim<br>85 Old Locky Road<br>Wilsonville, AL. 35186<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2A Name and Address of Debtor (Last Name First if a Person)<br><br>Dunnaway, Paige<br>85 Old Locky Road<br>Wilsonville, AL. 35186<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3 SECURED PARTY (Last Name First if a Person)<br><br>CAHABA TRACTOR COMPANY<br><del>REGIONS BANK</del><br>P O Box 396<br>Pelham, AL. 35124<br><br>Social Security/Tax ID [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | 4 ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br>Regions Bank<br>P O Box 216<br>Pelham, AL. 35124                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5 The Financing Statement Covers the Following Types (or items) of Property:<br><br>One (1) Used 553 New Holland Skid Steer Serial # 834112 Stock # 1697<br>One (1) 16' Performance Trailer w/surge brakes Stock # 1774 Serial # 13ZFP1627T1006830<br><br>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)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |                                     | 7 Complete only when filing with the Judge of Probate. <b>Shelby 9500.00</b><br>The initial indebtedness secured by this financing statement is \$<br><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <b>14.25 + 16.00 = 30.25</b><br><br>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 Debtor(s)<br><br>Signature(s) of Debtor(s)<br><br>Type Name of Individual or Business<br><b>Tim Dunnaway Paige Dunnaway</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Signature(s) of Secured Party(ies) or Assignee<br><br>Signature(s) of Secured Party(ies) or Assignee<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                      |

029-00093006116297