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

12679

Important: Read Instructions on Back Before Filling out Fo

NG STAR	EMENT: Registre, Inc. 514 PIERCE'ST. P.O. BOX 214 ANOKA, MN. 55 303 (612) 421-1713
Inst # 1997-27989	09/02/1997-27989 12*21 PM CERTIFIED SKLBY GUNTY JUNGE OF PROBATE 101 KD 43.05
ANY)	(Last Name First if a Person)
	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 6 0 0
	tures and is to be cross and if debtor does not have
THE M	ar.

10013		•	17. (612) TAIL
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a filling pursuant to the Uniform Commercial Code	a Filing Officer for
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
NATIONSCREDIT 1000 HOLCOMB WOODS PKWY S	UITE 240	Date, Time, NonDer & Timing Office	
ROSWELL GA 30076	•		
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Pre-paid Acct. #	•	, , , Q	の田場
Name and Address of Debtor	(Last Name First if a Person)		の正常的
PEARCE, MICHAEL W	•		2 2 2 3
28 LAKEVIEW CIRCLE			66 品
HARPERSVILLE AL 35078			T STEE
SHELBY COUNTY, AL			* 25 5
Social Security/Tax ID #	(Last Name First if a Person)	_	でおき
A. Hame and Address of Debtor	icast Hame First is a reison)		5 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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Coniel Convib. (Tay ID #		FILED WITH:	
Social Security/Tax ID #		Shelly Count	
NAME AND ADDRESS OF SECURED PARTY) (Last Name	ne First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
NATIONSCREDIT 1000 HOLCOMB WOODS PKWY S ROSWELL GA 30076	UITE 240		
Social Security/Tax ID #			•
Additional secured parties on attached UCC-E	<u>, </u>	1	
. The Financing Statement Covers the Following Types (or it	ems) of Property:		
	1	1924 10702-	-809
	•		
			5A. Enter Code(s) From Sack of Form That
	-	•	Best Describes The Collateral Covered By This Filing:
(1) NEW 1996 PROCRAFT 18	30 SUPER PRO ID# M	4GIT3377D596	_6_0_0
(1) 1996 MARINER 150HP MA			
(1) 1996 PROCRAFT 17 76 T	RAILER 4U6BC7016S	SA0611/9 -	
			
Check X if covered: Products of Collateral are also cov	/ered,		
This statement is filed without the debtor's signature to perfect (check X, if so)	act a security interest in collateral	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing sta	tement is \$
 already subject to a security interest in another jurisdiction already subject to a security interest in another jurisdiction 		Mortgage tax due (15¢ per \$100.00 or fraction thereof	
to this state. Which is proceeds of the original collateral described above	_ ,	8. This financing statement covers timber to be cut, of indexed in the real estate mortgage records (Describe an interest of record, give name of record owner in Both	e real estate and if debtor does not have
perfected. acquired after a change of name, identity or corporate stru	cture of debtor	Signature(s) of Secured	Party(ies)
as to which the filing har lapsed.) · 	(Required only if filed without debtor's	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) or Assignee) I
Signature(s) of Debtor(s)		Signature(s) of Secured Partyles) of Secured Partyles of Secured P	e mar.

Type Name of Individual or Business

Type Name of Individual or Business