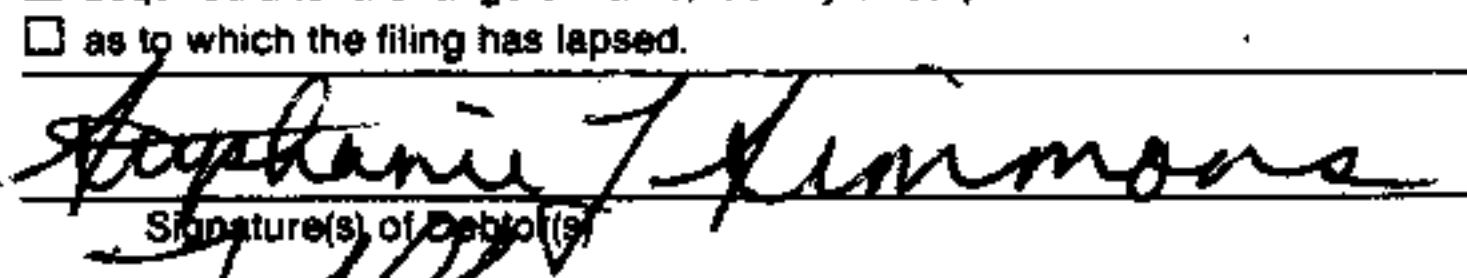
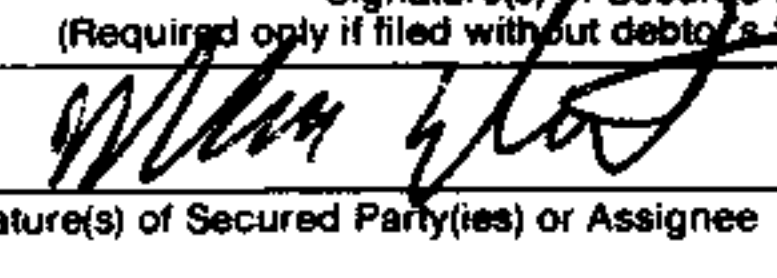


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

**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).		No. of Additional Sheets Presented:		This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
1. Return copy or recorded original to:  AVCO FINANCIAL SERVICES PO BOX 1286 PELHAM, AL 35124  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1997-35630</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">10/31/1997-35630 11:06 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MEL 19.60</p> </div>			
2. Name and Address of Debtor (Last Name First if a Person)  SIMMONS, TRACY D  55 WILD TURKEY LANE  MAYLENE, AL 35114  Social Security/Tax ID # _____		(This area is reserved for the Filing Officer's use.)			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  SIMMONS, STEPHANIE L  55 WILD TURKEY LANE  MAYLENE, AL 35114  Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E					
3. SECURED PARTY (Last Name First if a Person)  AVCO FINANCIAL SERVICES  PO BOX 1286  PELHAM, AL 35124  Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)			
<input type="checkbox"/> Additional secured parties on attached UCC-E		5. The Financing Statement Covers the Following Types (or items) of Property:  RETAIN PURCHASE MONEY SECURITY INTEREST IN BUNK BEDS, DRESSER, MIRROR -\$544.28-CONTRACT  DATED 11-29-94.  RETAIN PURCHASE MONEY SECURITY INTEREST IN HUTCH, ROLL TOP DESK, END TABLES-  \$669.38 - CONTRACT DATED 11-11-95.  <div style="text-align: right;">                     5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:                 </div> <div style="text-align: right; margin-top: 20px;">                     FILE#4638                 </div>			
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>2345.76</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>19.60</u>  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)			
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.		Signature(s) of Secured Party(ies) (Required only if filed without debtor's signature - see Box 6)  <div style="text-align: center;">                       Signature(s) of Debtor(s)                 </div> <div style="text-align: center; margin-top: 20px;">                       Signature(s) of Secured Party(ies) or Assignee                 </div> <div style="text-align: center; margin-top: 20px;">                     Signature(s) of Secured Party(ies) or Assignee  <b>AVCO FINANCIAL SERVICES</b>                      Type Name of Individual or Business                 </div>			
Type Name of Individual or Business		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 Approved by The Secretary of State of Alabama			