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

## Important: Read Instructions on Back Before Filling out Form.

☐ 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.	iling Officer for
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
FIRST FAMILY FINANCIAL STERMS	•	Date, time, Nomber & Filing Office	
Pre-paid Acct. # 30171367			
2. Name and Address of Debtor FOSTER, GENA L. 1003 MOONEY ROAD COLUMBIANA, AL. 35051  Social Security/Tax ID #_	(Last Name First II a Person)		1997-38710 1997-38710 1 CERTIFIED 17.25
2A Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		11/26/1 11/26/1 01:16 PM SHELBY COUNT BOL HC
Social Security/Tax ID #			
Additional debtors on attached UCC-E  3. SECURED PARTY) (Last Name First if a Person)  FIRST FAMILY FINANCIAL S  3594 PELHAM PARKWAY STE  PELHAM, AL. 35124		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Social Security/Tax fD #			
☐ Additional secured parties on attached UCC-E  5. The Financing Statement Covers the Following Types (or	r items) of Property		<u>.                                    </u>
1 EMERSON VCR 1TECHNICS STEREO	7		5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered:  Products of Collateral are also o	covered.		
6. This statement is filed without the debtor's signature to proceed (check X, if so)		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing state	ment is \$1500 .00
<ul> <li>already subject to a security interest in another jurisdict</li> <li>aready subject to a security interest in another jurisdict to this state.</li> <li>which is proceeds of the original collateral described at</li> </ul>	ion when debtor's location changed	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$	
perfected  acquired after a change of name, identity or corporate s  as to which the filling trae lapsed.		an interest of record, give name of record owner in Box 5)  Signature(s) of Secured Party(ies)  (Required only if filed without debtor's Signature — see Box 6)	
Signature(s) of Debtor(s)  Signature(s) of Debtor(s)	• FOSTER	Analyte(s) of Sectled Parties or Assigned	SERVICE, INC.
·	FFICER COPY ACKNOWLEDGEMENT LY SECOND PARTY(S)		ORM COMMERCIAL CODS - FORM UCC-1 ne Secretary of State of Alabama