## 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 Filing Officer for filing pursuant to the Uniform Commercial Code.	
1. Return copy or recorded original to: SECURITY MUTUAL FINANCIAL SERVICE 1021 MAIN STREET P.O. BOX 818 GARDENDALE, AL 35071-0818		THIS SPACE FOR USE OF FILING OFFICER  Page, Timer Number & Filing Officer	
Pre-paid Acct. #	(Last Name First if a Person)		
2. Name and Address of Debtor			
FITZPATRICK, KARE P. O. BOX 379 CALERA, AL 35040			17.40
Social Security/Tax ID #	(Last Name First if a Person)	nst # 1997	
		Inst	24E 124 234E 124
Social Security/Tax ID #		<b></b>	
Additional debtors on attached UCC-E		FILED WITH:	·
3. Name and Address of Secured Party  SECURITY MUTUAL FINANCIAL SERVIC  1021 MAIN STREET  P.O. BOX 818  GARDENDALE, AL 35071-0818  Social Security/Tax ID# 1-1154		4. Name and Address of Assignee of Secured Party (IF AND BB7 CES, INC. 12/01/1997—SHELBY COUNTY JUDGE OF PROBATE SHELBY COUNTY JUDGE OF PROBATE 17.40	
Additional secured parties on attached UCC-E			
5. The Financing Statement Covers the Following Types (c	or items) of Property:		
RAINBOW SE VAC 8306589	RAINBOW PE POWER	5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	· <del></del>
			——————————————————————————————————————
			,
(check X, if so)  already subject to a security interest in another jurisdiction when it was brought into this state.		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$	
perfected.  acquired after a change of name, identity or corporate structure of debtor.		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)	
as to which the filing has lapsed.	Data de	Signature(s) of Sectifed Party(ies) or Assignee	
Signature(s) of Debtor(s)  FITZPATRICK, KAREN M  Type Name of Individual or Business		Signature(s) of Secured Party(ies) or Assignee  SECURITY MUTUAL FINANCIAL SERVICES, INC.  Type Name of Individual or Business	