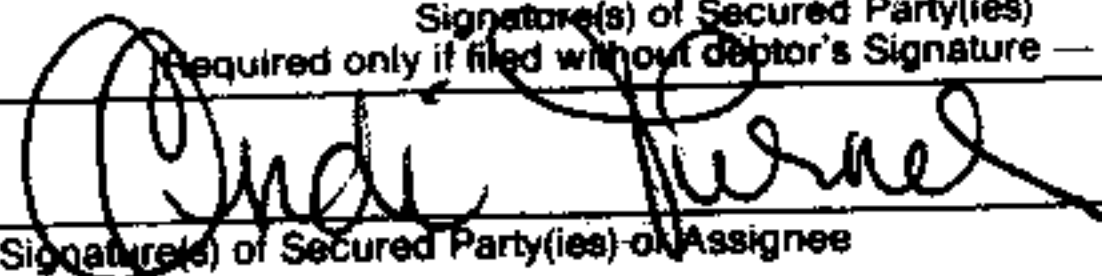
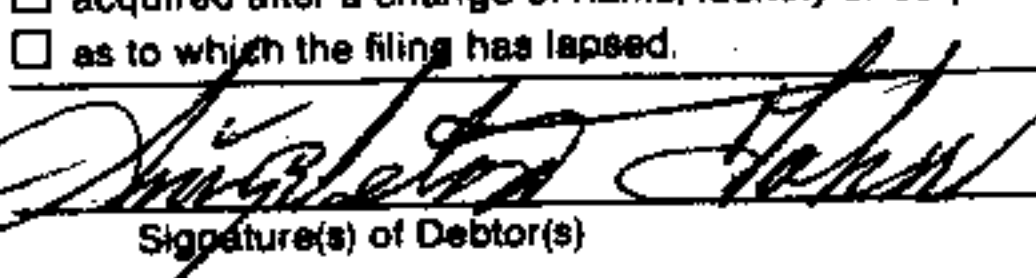


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

UCC-1 C91 (AL)

**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. |
| Return copy or recorded original to:<br><br>NORWEST FINC ALA INC<br>1015 W FT WILLIAMS ST<br>SYLACAUGA, AL 35150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <div style="display: flex; flex-direction: column; align-items: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1997-41910</div><div style="border: 1px solid black; padding: 5px; text-align: center;">12/29/1997-41910<br/>08:41 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>15.90<br/>001 HCD</div></div>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
| Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>SINGLETON, JOHN T<br>P O BOX 394<br>WILSONVILLE, AL 35186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>NORWEST FINC ALA INC<br>1015 W FT WILLIAMS ST<br>SYLACAUGA, AL 35150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="display: flex; justify-content: space-between;"><div>6 0 0</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div></div> |                                                                                                               |
| 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:<br>The initial indebtedness secured by this financing statement is \$ <u>560.31</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>.90</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)                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Signature(s) of Secured Party(ies)<br>(Required only if filed without Debtor's Signature — see Box 6)<br><br><br>Signature(s) of Secured Party(ies) or Assignee<br><br>NORWEST FINC ALA INC<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |
| Signature(s) of Debtor(s)<br><br><br>Signature(s) of Debtor(s)<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |

(1) FILING OFFICER COPY — ALPHABETICAL  
(2) FILING OFFICER COPY — NUMERICAL

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT  
(4) FILE COPY — SECOND PARTY(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  
Approved by The Secretary of State of Alabama