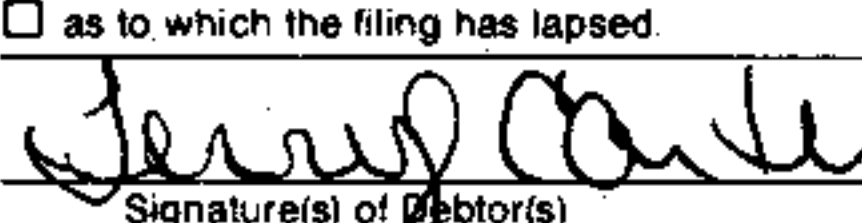


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

**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:<br><br>first family Financial Services, Inc.<br>3590 A Hwy 31 south<br>Pelham, AL 35124<br><br>Pre-paid Acct # <u>18009821</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><br><div style="text-align: center;"> <p><b>Inst # 1998-00780</b></p> <p><b>01/09/1998-00780</b></p> <p><b>12:25 PM CERTIFIED</b></p> <p><b>SHELBY COUNTY JUDGE OF PROBATE</b></p> <p><b>001 HEL 17.70</b></p> </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Carter, terry<br>1564 kent dairy rd<br>alabaster, al 35007<br><br>Social Security/Tax ID # <span style="background-color: black; color: black;">XXXXXXXXXX</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                              |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                                                                                                                                                                                                                                                                                         |
| 3. SECURED PARTY (Name and Address of Secured Party)<br><br>first family financial services, inc<br>3590 a hwy 31 south<br>pelham, al 35124<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | 4. ASSIGNEE OF SECURED PARTY (Name and Address of Assignee)                                                                                                                                                                                                                                             |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br>1. one 19 inch rca tv<br>2. once magnavox vcr<br>3. cd's set<br>4. one sony compact disc player<br>5. one cordless ans machine<br>6. one ibm typewriter<br>7. one goldstar microwave<br>8. one sealy mattress bed set<br><br>Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                                                                                                                                                                                         |
| 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>1800.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>2.70</u><br><br>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)                                                                                                                                                                                                |                                    |                                                                                                                                                                                                                                                                                                         |
| 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>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____         </div> <div>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____<br/>           _____         </div> </div>                                                                                                                                                     |                                    |                                                                                                                                                                                                                                                                                                         |
| Signature(s) of Debtor(s)<br><br>terry carter<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br>first family financial services, inc.<br>Type Name of Individual or Business                          |