IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

FINANCING STATEMENT — This Financing Statement is presented for filling and will remain effective, with certain exception A. NAME & TEL. # OF CONTACT AT FILER (op C. RETURN COPY TO: (Name and Mailing Add HEM INC. P.O. BOX PRYOR, (tional) B. FILING OFFICE AC	ode	THIS SPACE FO	OR USE OF 501290-8661 * 1541	DE/E4/1998-D6210 BUILD OF THE TED	SKELEY COUNTY, 1986. 35	
L_ ATTN: (CHRISTY THOMAS						
	OR/LESSEE CONSIGNOR/CONSIGNE			·			
1. DEBTOR'S EXACT FULL LEGAL NAME -	insert only one debtor name (1a o	or 1b)					
ALABAMA PLATE CU			<u>,</u>				
16. INDIVIDUAL'S LAST NAME	FIRST	NAME	MIDDLE	NAME	SUF	FIX	
1c. MAILING ADDRESS	спү		STATE	COUNTRY	POSTAL CODE	·- <u>-</u>	
P.O. BOX 128		SAGINAW	: AL	USA	35137	·····	
ADD'NL INFO RE	ORCO	1f. ENTITY'S STATE OR COUNTRY OF		1g. ENTITY'S ORGANIZATIONAL J.D.#, if any			
2. ADDITIONAL DEBTOR'S EXACT FULL L		tor name (2a or 2b)			· · · · · · · · · · · · · · · · · · ·	NONE	
2a. ENTITY'S NAME		i.				•	
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		FIX	
28. IIVDIVIDOAL O DAGI HAMIE							
2c. MAILING ADDRESS	спү		STATE	COUNTRY	POSTAL CODE		
2d, S.S, OR TAX I.D.# OPTIONAL 2d	. TYPE OF ENTITY 2f.EN	TITY'S STATE	2a. ENTI	TY'S ORGANIZA	ATIONAL I.D.#,	if any	
ADD'NL INFO RE ENTITY DEBTOR	OR CO	OUNTRY OF NIZATION	1			NONE	
3. SECURED PARTY'S (ORIGINAL S/P or IT	S TOTAL ASSIGNEE) EXACT FULL I	EGAL NAME - insert only or	ne secured party r	name (3a or 3	3b)		
3a, ENTITY'S NAME	•						
OR HEM INC. 36, INDIVIDUAL'S LAST NAME	FIRST	FIRST NAME		MIDDLE NAME		SUFFIX	
				· · · · · · · · · · · · · · · · · · ·			
3c. MAILING ADDRESS	CITY	DDWOD	STATE		POSTAL CODE		
P.O. BOX 1148 4. This FINANCING STATEMENT covers the following	o types or Items of property:	PRYOR	OK	USA	74362	2	
HE&M MODEL H120HLA MAXIMUM AMOUNT	BANDSAW OF INDEBTEDNESS:	\$ 48,900.00					
5. CHECK This FINANCING STATEMENT is : BOX (a) in collateral already subject to :	BY COUNTY JUDGE signed by the Secured Party instead of the security interest in another jurisdiction within state, or (b) in accordance with other	Debtor to perfect a security inter when it was brought into this state	est o, or when the ita may be required] 8. This FINAN	7. If filed in F Document stamp tax ICING STATEM	lorida (check one tary Docu	mentary stamp ot applicable d (for record)	
ALABAMA PLATE CUTT	ING HAVE		Attach Add	lendum		[lf applicable]	
HEM THE	1/1/1/	·····	9. Check to REQ (ADDITIONAL FE	E): []	[[]	
HEM INC.	W7		(optional)	All Deb	10000		