## 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. |   |               |   |  |
|--|--|--------------------------------------|---|---|---------------|---|--|
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| PO BOX 1286  |  |                                      |   |   |               |   |  |
| PELHAM, AL 35124   |  |                                      |   |   |               |   |  |
| FEBRUARY AL COLZ-  |  | 1.                                   |   |   |               |   |  |
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|  |  |                                      |   |   | ő             |   |  |
| Pre-paid Acct #  |  | _]                                   |   |   | iñ            |   |  |
| Name and Address of Debtor   | (Last Name First if a Person)  | 1                                    |   |   | -q=4          | 1 H & 9   |  |
|  |  |                                      |   |   | ά             |   |  |
| GATES, ALLEN J.  |  | ·                                    |   |   | Ō             | 8 E 8   |  |
| 565 SOUTHERN HILLS DRIVE   |  | ]                                    |   |   | 44            | 60 7 7 7  |  |
| CALERA, AL 35124   |  |                                      |   |   |               | せる言葉  |  |
|  | ·  |                                      |   |   | #             | o Ba  |  |
|  |  |                                      |   |   | جه            | <b>60 2 ₹</b> ≥   |  |
| Social Security/Tax ID #   | <u></u>  | _                                    |   |   | Ñ             | 子言語   |  |
| Name and Address of Debtor (IF ANY)  | (Last Name First if a Person)  |                                      |   |   | <del>~</del>  | O돗  |  |
|  | •  |                                      |   | •                                       |               | 0   |  |
| GATES, STEPHANIE   |  | İ                                    |   |   |               |   |  |
| 565 SOUTHERN HILLS DRIVE   |  |                                      |   |   |               |   |  |
|  |  |                                      |   |   |               |   |  |
| CALERA, AL 35040   |  | 1                                    |   |   |               |   |  |
| ·  |  | ] ,                                  |   | •                                       |               |   |  |
| Social Security/Tax ID #   |  | : ند ا                               |   |   |               |   |  |
| Additional debtors on attached UCC-E   |  | 7                                    | 1   |   |               |   |  |
| <u> </u>   | í  | 4 ASSIGNEE OF                        | F SECURED PARTY   | (IF ANY)                                | A             | ast Name First if a Perso   |  |
| SECURED PARTY) (Last Name First if a Person)   | •  | 4. ASSIGNEE O                        | r Seconed PARTI   | (it MAT)                                | ,,            | ASCINGING FUSION A FOISO  |  |
|  |  |                                      |   |   |               |   |  |
| AVCO FINANCIAL SERVICES  |  |                                      |   |   |               |   |  |
| PO BOX 1286  |  |                                      |   |   |               |   |  |
| PELHAM, AL 35124   |  |                                      |   |   |               |   |  |
| Social Security/Tax ID #   | -  |                                      |   |   |               |   |  |
| Additional secured parties on attached UCC-E   |  | ]                                    |   |   |               |   |  |
| he Financing Statement Covers the Following Types (or it   | ems) of Property:  | !                                    |   |   |               |   |  |
|  | TIUM APTIVA COMPU<br>DRIVES, CD DRIVE,   |                                      |   |   | 8<br>6<br>0   | nter Code(s) From ack of Form That est Describes The foliateral Covered by This Filing: |  |
|  |  | <b>1</b> 50                          | 'ILE 4945   |   | _             |   |  |
|  |  | r                                    | 100 <b>474</b> 0  |   | _             |   |  |
| heck X if covered: Products of Collateral are also cov   |  | T = -                                |   |   | -             |   |  |
| is statement is filed without the debtor's signature to perfi<br>heck X, if so)                              | ect a security interest in collateral  | 7. Complete only<br>The initial inde | when filing with the Justiness secured by t   | roge of Probate:<br>his financing state | ment is \$1   | <u>570.71</u>   |  |
| lready subject to a security interest in another jurisdiction  | _  | ·                                    | due (15¢ per \$100.00 o   |   |               | <b>3.</b> 40  |  |
| lready subject to a security interest in another jurisdiction this state.                                    | when deptor's location changed   | 8. This finance                      | ing statement covers to   | imber to be cut, cro                    | pps, or fixtu | res and is to be cross  |  |
| rhich is proceeds of the original collateral described above   | e in which a security interest is  | indexed in the                       | real estate mortgage record, give name of re  | ecords (Describe r                      | eal estate a  | and if debtor does not have   |  |
| erlected.<br>cquired <b>alter a change of name if</b> entity or corporate stru                               | cture of debtor  |                                      |   |   |               |   |  |
| s to which the filing they made.   | Signature(s) of Sicured Party(ies) (Required party if filled without sebtor a Signature — see Box 6) |                                      |   |   |               |   |  |
|  |  |                                      | MILL  | /W/                                     |               |   |  |
| Special (a) Augusto (a)  |  | Signatu                              | re(s) of Secured Party(   | ies) or Assignee                        |               | <u></u>   |  |
| Signature(s) of Debtor(s)  |  | Signatu                              | re(s) of Secured Party(   | ies) or Assignee                        |               |   |  |
|  |  |                                      | FINANCIAL   |   | )<br>         |   |  |
| Type Name of Individual or Business  |  |                                      | ame of Individual or Bu   |   |               |   |  |

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STANDARD FORM -- UNIFORM COMMERCIAL CODE -- FORM UCC-1

Approved by The Secretary of State of Alabama

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