greendres 332 minnesota Street Suite 500	Date. Time, Number & Filing Office	
Suite 500	· ·	: .
+ Paul MN SSIOI		
Pre-paid Acct. #		
Name and Address of Debtor (Last Name First if a Person)		3 2 8
Richard K. Smith		Z = 88
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Vincent, Al. 35178		3 5
Social Security/Tax ID #		(85
Name and Address of Debtor (IF ANY) (Last Name First if a Person)		2 % 35.
Kim Y Smith	}−4	
66 Smith Dr.	Tell .	•
Vincent, Al 35178		
Social Security/Tax ID #	FILED WITH:	
Additional debtors on attached UCC-E		
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name F	First if a Person)
geentre 332 Minnesota		
suit 500		
Focus HN 5510) Social Security/Tax ID #	<u>*</u> .	
Cooking reaching reac	i i	
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filing pursuant to the Uniform Commercial Code.

as defined in ALA CODE 7-9-105(n).

Sheets Presented: