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

Important: Read Instructions on Back Before Filling out Form.

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|--|---|---|---|--|
| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). | No. of Additional Sheets Presented: | This FINANCING STATEMEN' filing pursuant to the Uniform | T is presented to a Filing Office Commercial Code. | er for |
| Return copy or recorded original to: | 1 0.1000 1.1000 1.100 | THIS SPACE FOR USE OF FILING OF | | · · · · · · |
| | • | Date, Time, Number & Filing Office | | |
| FIRST FAMILY FINANCIAL SER | RVICES, INC. | | | _ |
| 3590-A HWY 31 SOUTH | • | - | .a | يو للأ ي |
| PELHAM, AL 35124 | | [. | 5 | 空 片 畫 |
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| | | | | 2000年200 |
| Pre-paid Acct # 30770506 | · - | | . 1 | 4 1 4 |
| 2. Name and Address of Debtor | (Last Name First if a Person) | 1 | <u> </u> | うじま |
| ROGERS, BELVA | • | | <u> </u> | 3 1 2 2 2 2 |
| 314 MCCLURE DR | • | <u> </u> | - | 143 |
| WILSONVILLE, AL 35186 | | | ₩ | |
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| Social Security/Tax ID # | | 1 | | • |
| 2A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | | · 通 | • |
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| Social Security/Tex ID # | | - · · · · · · · · · · · · · · · · · · · | | |
| Additional debtors on attached UCC-E | : | | · · · · · · · · · · · · · · · · · · · | |
| 3. SECURED PARTY (Name and Address of Secured Part | (y) | 4. ASSIGNEE OF SECURED PARTY | (Name and Address of Assig | nee) |
| FIRST FAMILY FINANCIAL SEE | RVICES, INC. | • | | |
| 3590-A HWY 31 SOUTH | | | | |
| PELHAM, AL 35124 | | | | |
| | | j | | |
| Social Security/Tax ID # | | | | |
| Additional secured parties on attached UCC-E | | 1 | | |
| 5. The Financing Statement Covers the Following Types (o | r (lame) of Property: | <u> </u> | | |
| | | | | |
| 1. 25" PANASONIC TELEVISIO | ON | | | |
| 2. SEARS BRAND VCR | • | | | |
| 3. SONY ANSWERING MACHINE | | | | Enter Code(s) From Back of Form That |
| 4. UNIDEN 900MH CORDLESS 1 | | | Best Describes The Colleteral Covered | |
| · | | | | By This Filing: |
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| Objects Millians and The Residence of the Control o | | | - | |
| Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Colleteral are also of Check X if covered: Products of Check X if covered: | <u> </u> | 7. Complete only when filing with the | Judge of Probate: | 1200.00 |
| (chilick X, if so) | | The initial indebtedness secured by | this financing statement is \$_ | |
| airbady subject to a security interest in another jurisdicti aiready subject to a security interest in another jurisdicti | - | Mortgage tax due (15¢ per \$100.00 | 01 11 ECHOT WO 001) | <u>.80</u> |
| to this state. Which is proceeds of the original collateral described at | | This financing statement covers indexed in the real estate mortgage | timber to be cut, crops, or fixture records (Describe real estate | ures and is to be cross and if debtor does not have |
| perfected. | sove in winon a decamy interest is | an interest of record, give name of | | |
| acquired after a change of name, identity or corporate some story of the filing has lapsed. | tructure of debtor | | ture(s) of Secured Party(ies) if without debtor's Signature — | - see Box 6) |
| and the territory made lappace. | <u>-</u> | (nequired only it men | | |
| Ollre Joeus | | | | |
| Signature(s) of Debto(s) | | Signature(s) of Secured Party | ged or Assistant | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Farty | ries) or Assignee | |
| BELVA ROCERS | • | FIRST FAMILY FI | NAUCIAL SERVI | CES, INC. |
| Type Name of Individual or Business | <u> </u> | Type Name of Individual or B | | |
| | FFICER COPY — ACKNOWLEDGEMENT Y—SECURED PARTY(S) | (5) FILE COPY DEBTOR(S) | Approved by The Secretary | MERCIAL CODE — FORM LICC-1 y of State of Alabama |