

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

Important: Read Instructions on Back Before Filling out Form.

PULL-A-PART BUSINESS FORMS  
14214 INDIANA AVE., CHICAGO, IL 60627  
PHONE 1-800-441-1020

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <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>1ST FRANKLIN FINANCIAL<br>P.O. BOX 1368<br>CLANTON, AL 35046<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <div style="text-align: center;">THIS SPACE FOR USE OF FILING OFFICER<br/>Date, Time, Number &amp; Filing Office</div> <div style="text-align: center; font-size: 2em; transform: rotate(-90deg);">Inst # 1998-21223</div> <div style="text-align: center; font-size: 1.5em; transform: rotate(-90deg);">06/09/1998-21223<br/>09:27 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>001 MCD 21.75</div>                                                                                                |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>WHITFIELD RONALD J<br>LOT 59 CEDAR GROVE TRL PARK<br>MAYLENE, AL 35113<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 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 (Last Name First if a Person)<br><br>1ST FRANKLIN FINANCIAL<br>P.O. BOX 1368<br>CLANTON, AL 35046<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>1973 ZIMMER 14X65 MOBILE HOME SERIAL # G6880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<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>4433.87</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>6.75</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) |                                                                                                               |
| Signature(s) of Debtor(s)<br><br><u>Ronald Whitfield</u><br><br>Signature(s) of Debtor(s)<br>RONALD J WHITFIELD<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><u>Kathy Thornton</u><br><br>Signature(s) of Secured Party(ies) or Assignee<br>1ST FRANKLIN FINANCIAL<br>Type Name of Individual or Business                                                                                                                                                                                                                                                  |                                                                                                               |

001-00060

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  
Approved by The Secretary of State of Alabama

(1) FILING OFFICER COPY-ALPHABETICAL