

# 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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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>First National Bank of Shelby County<br>4849 Highway 52<br>Helena, Al. 35080<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><br><br><br><br><br><br><br><br><div style="text-align: center;">             Inst # 1998-34176<br/><br/>             09/01/1998-34176<br/>             12:40 PM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 CRH 30.00           </div>                                                                                                                                             |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>Mathis James M Sr.<br>222 3rd Street<br>Helena, Al. 35080<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | (This area is reserved for the Filing Officer's use and contains a vertical stamp.)                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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>First National Bank of Shelby County<br>4849 Highway 52<br>Helena, Al. 35080<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><div style="text-align: center;">             Boat, Motor<br/><br/>             And all additions and all accessions thereto, and<br/>             Proceeds thereof.<br/><br/>             The inclusion of proceeds in this Financing Statement<br/>             does not authorize Debtor to sell or dispose of the<br/>             collateral unless specifically authorized by the<br/>             Secured Party.           </div>                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <div style="display: flex; justify-content: space-between;"> <div>             Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.           </div> <div style="text-align: right;">             5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br/> <u>6 0 0</u> </div> </div>                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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>10000.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>15.00</u><br>8. <input type="checkbox"/> This financing statement covers timber to be cut, crops, of 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>James M Mathis SR</u><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | Signature(s) of Secured Party(ies) or Assignee<br><br><u>First National Bank of Shelby County</u><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                 |