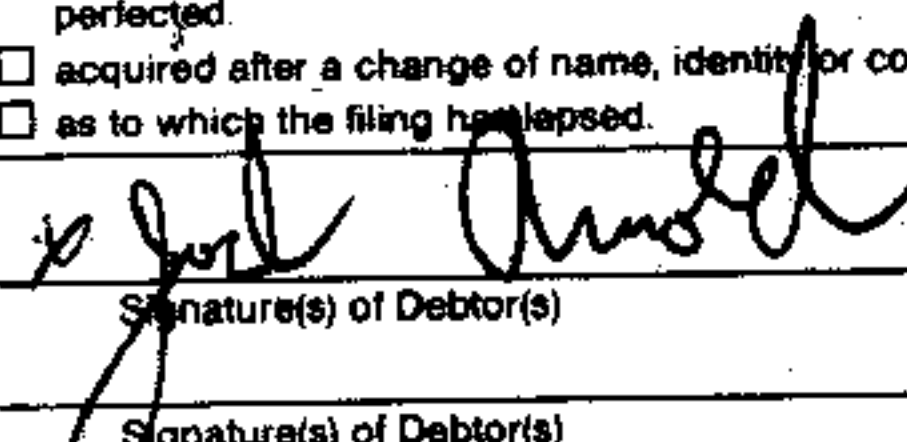
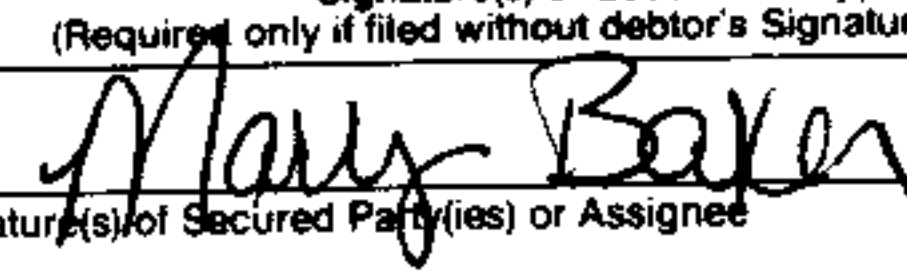


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Register, Inc.**  
514 MERCER ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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><div style="text-align: center;"> <b>CENTRAL STATE BANK</b><br/> <b>P.O. BOX 180</b><br/> <b>CALERA, AL 35040</b> </div> Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>Inst # 1998-39585</b><br/><br/> <b>10/09/1998-39585</b><br/> <b>10:19 AM CERTIFIED</b><br/> <b>SHELBY COUNTY JUDGE OF PROBATE</b><br/> <b>001 CM 22.50</b> </div>                                                                                                                                                                                                                                                                 |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><div style="text-align: center;"> <b>JOEL F ARNOLD</b><br/> <b>P.O. BOX 400</b><br/> <b>COLUMBIANA, AL 35051</b> </div> Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br><div style="text-align: center;"> <b>CENTRAL STATE BANK</b><br/> <b>P.O. BOX 180</b><br/> <b>CALERA, AL 35040</b> </div> Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Additional debtors on attached UCC-E<br>4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br><div style="text-align: center;"> <b>SHELBY COUNTY JUDGE OF PROBATE</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | FILED WITH: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br><div style="text-align: center;"> <b>SONY PCMRSW DAT RECORDER SN#78801981</b><br/> <b>RODE NT-1 MICROPHONE SN#824859</b><br/> <b>ROLAND SPD-11 PERCUSSION MODULE SN#BJ77235</b><br/> <b>ALESIS ADAT-XT20 DAT RECORDER SN#SD6901168</b><br/> <b>1969 SHELBY 12X60 MOBILE HOME SN#2056A10219400</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | 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>_____                                                                                                                                                                                                                                                                                                                                        |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.<br>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>5,000.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>22.50</u><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>_____<br>Signature(s) of Debtor(s)<br>_____<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>_____<br>Signature(s) of Secured Party(ies) or Assignee<br><b>CENTRAL STATE BANK</b><br>_____<br>Type Name of Individual or Business                                                                                                                                                                   |