	sets Presented: XIX ()	filing pursuant to the Uniform Commerc	ial Code.	
. Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER		
FIRST NATIONAL BANK OF SHELBY	COUNTY	Date, Time, Number & Filing Officer		
#2 INVERNESS CENTER PARKWAY				
BIRMINGHAM, AL 35242		,		
Pre-paid Acct. #	(Last Name First if a Person)	-	·····	- <u>_</u> A
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Social Security/Tax ID#				
Additional debtors on attached UCC-E				
Name and Address of Secured Party		FILED WITH:		
	COT BUTTE	4. Name and Address of Assignee of Secured P	arty (If	ANY)
TRST NATIONAL BANK OF SHELBY	COUNTY			
2 INVERNESS CENTER PARKWAY		<b>5</b>		
BIRMINGHAM, AL 35242				
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