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

Important: Read Instructions on Back Before Filling out Form.

☐ 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.	
Return copy or recorded original to:	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
MUTUAL SAVINGS CREDIT 3596 PELHAM PARKWAY PELHAM AL 35124	r union		
			•
Pre-paid Acct. #	······································		
2. Name and Address of Debtor	(Last Name First if a Person)		
BYRD, CHARLES LEON 515 HWY 406 LOT 13 SHELBY AL 35143		28.48 28.48 38.48 38.68 38.68	
		86 X X 3	5
Social Security/Tax ID #	ANY) (Last Name First if a Person)		A.
		* T G	
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E		· · · · · · · · · · · · · · · · · · ·	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if	a Person)
MUTUAL SAVINGS CREDI' 3596 PELHAM PARKWAY PELHAM AL 35124	T UNION		
Social Security/Tax ID #	•		
☐ Additional secured parties on attached UCC-E		-	
5. The Financing Statement Covers the Following			
1-1979 FOXCRAFT BOAT 1- 1996 FORCE MOTOR		SA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered	t e
	•	By This Filing: 600 ————	
			
		· — — —	
Check X if covered: Products of Collateral a	are also covered.		
This statement is filed without the debtor's signal (check X, if so)	•	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$	
 already subject to a security interest in another already subject to a security interest in another to this state. which is proceeds of the original collateral description. 	jurisdiction when debtor's location changed	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$	ross s not have
perfected. acquired after a change of name, identity or cor		an interest of record, give name of record owner in Box 5) Signature(s) of Secured Party(ies)	
as to which the filing has lapsed.	2	(Required only if filed without debtor's Signature — see Box 6)	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) or Assignee	
Signature(s) of Debtor(s) CHARLES L BYRD Type Name of Individual or Business		Signature(s) of Secured Party(les) or Assignee MUTUAL SAVINGS CREDIT UNION	
1.1	FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — I (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabam	

TO REORDER FROM CIU FORMS 1-800-846-8374