Return copy or recorded original to:	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	1
FREEDOM EINANCIAL SERVICES, INC.		ì
610 JACKSON AVENUE		į
CLANTON, AL 35045	,	•
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Pre-paid Acct #		
Name and Address of Debtor (Last Name First if a Person)		
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Social Security / Tax ID II	· · · · · · · · · · · · · · · · · · ·	
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Social Security / Tax ID #	FILED WITH:	
Additional debtors on attached UCC-E		
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Nar	ne First if a Person)
FREEDOM FINANCIAL SERVICES, INC. 610 JACKSON AVENUE		
DIA THEMDOM HACKADE		
CLONTON OF 350/45		
CLANTON, AL 35045		
Social Security/Tax ID #  Additional secured parties on attached UCC-E  The Financing Statement Covers the Following Types (or items) of Property:		
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Additional secured parties on attached UCC-E  The Financing Statement Covers the Following Types (or items) of Property:  1999. YAMAHA YZC5Ø SER#JYACGØ5C  Check X if covered: Products of Collateral are also covered.  This statement is filled without the debtor's signature to perfect a security interest in collateral (check X if so)	5A. Enter Co Back of F Best Des Collatera By This F	Form That cribes The Covered Filing:
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filing pursuant to the Uniform Commercial Code.

as defined in ALA CODE 7-9-105(n).

Sheets Presented