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

Important: Read Instructions on Back Before Filling out Form.

Type Name of Individ

(1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL

REORDER FROM

Registre, Inc.
514 PIERCE ST.
P.O. BOX 218 |
ANOKA, MN. 55303
(612) 421-1713

39349					ļ	
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		This FINANCING STATEMENT is filling pursuant to the Uniform Co	ommercial Code.	Officer for	
Return copy or recorded original acknowledgement to: SMALL LOANS, INC. 606 JACKSON AVE CLANTON, AL 35045 977 Pre-paid Acct. #		THIS SI Date, Ti	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		RTIFIED RTIFIED	
INGRAM, JACKIE P.O. BOX 167 COLUMBIANA, AL 350 Social Security/Tax ID # 2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person) (Last Name First if a Person)				1nst * 1999 05/13/1999 01:07 PM CEI	
Social Security/Tax ID #		FILED 1	M ITH:			
Additional debtors on attached UCC-E		<u> </u>	AE AND ADDRESS OF	(IF ANY)	(Last Name First if a Person)	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Na SMALL LOANS, INC. 606 JACKSON AVE CLANTON, AL 35045 Social Security/Tax ID #			GNEE OF SECURED PARTY		•	
PURCHASED MONEY FOR SEINTEREST IN ONE ZENITH MOD# VRA412 SER# 86036 ALSO, ONE TECHWOOD STE SYSTEM MOD# STS4156 SER# 1685980	VCR 924				SA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
			$-\infty$ ~ 20	<u>-</u>)		
Check X if covered: Products of Collateral are also co			5.0 + 2.70		1735.60	
6. This statement is filed without the debtor's signature to perfect (check X, if so) already subject to a security interest in another jurisdiction already subject to a security interest in another jurisdiction to this state. which is proceeds of the original collateral described abort	n when it was brought into this state. In when debtor's location changed	Mortg	nitial indebtedness secured by this lage tax due (15¢ per \$100.00 or finistinancing statement covers time	s linancing statement raction thereof) \$ber to be cut, crops, or	<u> </u>	
which is proceeds of the original collateral described abor- pe facted. * after a change of name, identity or corporate structure.			erest of record, give name of reco			
e filing has lapsed.	mu		(Required only if filed with Signature(s) of Secured Party(ies	thout debtor's Signat		
The state of the s				_		

Type Name of Individual or Business