as defined in ALA CODE 7-9-105(n). Sheets Presented:	filling pursuant to the Uniform Commercial Code
Return copy or recorded original to.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
MUTUAL SAVINGS CREDIT UNION	
P.O. BOX 28070	
BIRMINGHAM, AL 35228	i
	·
Pre-paid Acct.#	
Name and Address of Debtor (Last Name First if a Person)	
LINDA S LOVELADY 400 COUTNY ROAD 866 MONTEVALLO AL 35115	34.16 4.16 4.16 98ATE
	1 の 日曜 3
Social Security/Tax ID #	
Name and Address of Debtor (II ANT) (Last Name First II a Person)	
RICK LOVELADY 400 COUNTY ROAD 866 MONTEVALLO AL 35115	102 PH 13 COUNTY 18 COUNTY 18 COUNTY 18 COUNTY
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 Name First if a Person)
MUTUAL SAVINGS CREDIT UNION	
P.O. BOX 28070 B1HAM, AL 35228 Social Security/Tex ID #	
Additional secured parties on attached UCC-E	
The Financing Statement Covers the Following Types (or items) of Property: 1991 HOMECRAFTERS MOBILE HOM	Back of Form That
The Financing Statement Covers the Following Types (or Items) of Property: 1991 HOMECRAFTERS MOBILE HOM 1991 SMOKERCRAFT PONTOON BO	H416767207 Back of Form That Best Describes The Collateral Covered Collateral Covered
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The Financing Statement Covers the Following Types (or items) of Property: 1991 HOMECRAFTERS MOBILE HOM 1991 SMOKERCRAFT PONTOON BO 40HP MARINER OUTBOARD MOTOR #0D069255 Check X if covered: Products of Collateral are also covered.	Back of Form That Best Describes The Collateral Covered By This Filing:
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