[redacted]

* THIS SPACE FOR USE OF FILING OFFICER

Inst # 1999-36671
09/01/1999-36671
09:06 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MMS 16.00

FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)

B. FILING OFFICE ACCT. # (optional)

C. RETURN COPY TO: (Name and Mailing Address)

D. OPTIONAL DESIGNATION [if applicable]: ☐ LESSOR/LESSEE ☐ CONSIGNOR/CONSIGNEE ☐ NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME: Stephen W. Brooks

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Brooks	Stephen	W.	

1c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
108 Sterling Gate Dr.	Alabaster	AL		35007

1d. S.S. OR TAX I.D.#	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any
[redacted]				☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME:

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Brooks	Jacqueline	D.C.	

2c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
108 Sterling Gate Dr	Alabaster	AL		35007

[redacted]	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any
				☐ NONE

3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME: Scott Credit Union

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
1100 Bethline Rd.	Collinsville	IL		62234

4. This FINANCING STATEMENT covers the following types or items of property:

$9762.76

5. CHECK BOX [if applicable] ☐ This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]

7. If filed in Florida (check one) ☐ Documentary stamp tax paid ☐ Documentary stamp tax not applicable

6. REQUIRED SIGNATURE(S): Scott Credit Union by Karin S. Buckingham

8. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]

9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

(1) FILING OFFICER COPY — NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95)

FINANCING STATEMENT ADDENDUM — FOLLOW INSTRUCTIONS

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AdA. NAME OF FIRST DEBTOR ON RELATED FINANCING STATEMENT

ENTITY'S NAME

OR

INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX
Brooks	Stephen	W

AdB. MISCELLANEOUS:

Ad1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (Ad1a or Ad1b)

Ad1a. ENTITY'S NAME

OR

Ad1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Brooks	Jacqueline	D.C	

Ad1c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
108 Sterling Gate Dr	Alabaster	AL		35007

Ad1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	Ad1e. TYPE OF ENTITY	Ad1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	Ad1g. ENTITY'S ORGANIZATIONAL I.D.#, if any ☐ NONE

Ad2. ADDITIONAL SECURED PARTY'S EXACT FULL LEGAL NAME - insert only one name (Ad2a or Ad2b)

Ad2a. ENTITY'S NAME: Scott Credit Union

OR

Ad2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

Ad2c. MAILING ADDRESS	CITY	STATE	COUNTRY	POSTAL CODE
1100 Beltline Rd.	Collinsville	IL		62234

Ad3a. ☐ This FINANCING STATEMENT covers timber to be cut, minerals, or mineral-related accounts, or is filed as a fixture filing

Ad3b. ☐ This FINANCING STATEMENT covers crops growing or to be grown on the real estate described below

Ad4. Description of real estate:

Ad5. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Ad6. REQUIRED SIGNATURE

Scott Credit Union [illegible]

Ad7. Additional collateral description:

Ad8. ☐ Debtor is a TRANSMITTING UTILITY [if applicable]

(1) FILING OFFICER COPY — NATIONAL ADDENDUM (FORM UCC1AD(ATRANS) (REV. 12/18/95)