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

Important: Read Instructions on Back Before Filling out Form.

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

| 47235 | | | • | |
|--|--|--|---|--|
| ☐ 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 Of filing pursuant to the Uniform Commercial Code. | fficer for | |
| Return copy or recorded original to: | 1 | THIS SPACE FOR USE OF FILING OFFICER | | |
| | - | Date, Time, Number & Filing Office | | |
| CENTRAL STATE BANK | | | | |
| P.O. BOX 180 | | | | |
| CALERA, AL 35040 | | CC | | |
| | | ## ## ## ## ## ## ## ## ## ## ## ## ## | 6 B | |
| | | | | |
| Pre-paid Acct. # | | | | |
| 2. Name and Address of Debtor | (Last Name First if a Person) | ֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | | |
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| JESSIE CHARLES PER | EFLES | | の背蓋 | |
| P.O. BOX 1825 COLUMBIANA, AL 35051 | | | 01 | |
| COLUMBIANA, AL 35 | 0031 | | | |
| | | <u>-</u> | | |
| | | | | |
| Social Security/Tax ID # | | | | |
| 2A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | | T 0 | |
| | | | :7. | |
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| • | | | | |
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| • | | i | | |
| | | | | |
| Social Security/Tax (D # | _ | FILED WITH: | | |
| Additional debtors on attached UCC-E | | SHELBY COUNTY JUDGE OF PROBATE | | |
| . NAME AND ADDRESS OF SECURED PARTY) (Last Na | me First if a Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) | (Last Name First if a Person) | |
| CENTRAL STATE BANK | | | | |
| P.O. BOX 180 | | | | |
| CALERA, AL 35040 | | | | |
| | | | | |
| Social Security/Tax ID # | _ | | | |
| Additional secured parties on attached UCC-E | | | | |
| 5. The Financing Statement Covers the Following Types (or i | items) of Property: | <u>.</u> | | |
| | | | | |
| | | | | |
| 1080 FIRETUMOD 14 | V 60 MORTIE HOME | | | |
| 1989 FLEETWOOD 14 X 60 MOBILE HOME | | 5A. Enter Code(s) From Back of Form That | | |
| | • | | Best Describes The Collateral Covered | |
| | | | By This Filing: | |
| • | | | | |
| • | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | <u> </u> | |
| Check X if covered: Products of Collateral are also co | overed. | | | |
| This statement is filed without the debtor's signature to per (check X, if so) | fect a security interest in collateral | 7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is less than the secure of the secure o | 13,259.29 | |
| already subject to a security interest in another jurisdiction | n when it was brought into this state. | The initial indebtedness secured by this financing statement is ! Mortgage tax due (15¢ per \$100.00 or fraction thereof: \$ | 34.95 | |
| already subject to a security interest in another jurisdiction when debtor's location changed to this state. | | Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ | | |
| which is proceeds of the original collateral described above in which a security interest is | | | indexed in the real estate mortgage records (Describe real estate and if debtor does not have | |
| perfected. acquired after a change of name, identity or corporate structure of debtor | | Signature(s) of Secured Party(ies) | | |
| as to which the filing has lapsed. | | (Required only if filed without debtor's Signature — see Box 6) | | |
| Lesso C. Leeples | | My Mar Cara | | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) or Assignee | | |
| V Signature(s) of Debtor(s) | | Signaturals) of Conurad Darbitical as Facilities | · | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) or Assignee CRNTDAI STATE RANK | | |
| Type Name of Individual or Business | | Type Name of Individual or Business | | |
| U SILING OSCICED CODY ALGUARETICAL MELING OSCI | CER CORY ACMAIONN COOCHEAT | STANDARD FORM LIMITORN CO. | MMEDCIAL CODE FORM LICC 1 | |

STANDARD FORM — UNIFORM COMMERCIAL GODE — FORM UCC-1 Approved by The Secretary of State of Alabama