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

Important: Read Instructions on Back Before Filling out Form.

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|   | · · · · · · · · · · · · · · · · · · ·     | <del>.</del>   |                        |   |
|---|---|--|------------------------|---|
| ☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).   | No. of Additional<br>Sheets Presented     | This FINANCING STATEMENT is pr<br>filing pursuant to the Uniform Comm  | eserted to a Filing O  | Mager for                               |
| Return copy or recorded original to:  |   | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  |                        |   |
|   |   |  |                        |   |
| MUTUAL SAVINGS CREDIT   | INICA                                     |  |                        |   |
| POST OFFICE BOX 1647  |   |  |                        |   |
| CLANTON, AL. 35046  |   |  | <b>₩</b>               |   |
|   |   | •  |                        |   |
|   |   | <b>ૄ</b> .   |                        |   |
| 2 Name and Address of Debtor  | (Last Name First if a Person)             | - <b>i</b>   | Q                      | OME                                     |
| c. rearrie and records a presign  | (Expression Francis & Forson)             |  | 8                      | WI E                                    |
| MARK G. RAY   |   |  | <b>0</b>               | MU H E S                                |
| 192 LENV ATA  |   |  |                        |   |
| THE COMMENTS OF 25106   |   |  | <u>ė</u>               | <b>马前</b> 署                             |
| WILSONVILLE, AL. 35186  |   |  |                        |   |
|   |   |  | ជ ្ជិ                  | PES                                     |
| Social Security/Tax tO #  |   |  |                        |   |
| 2A. Name and Address of Debtor (IF ANY)                                     | (Last Name First if a Person)             |  |                        | MOZZ                                    |
|   |   |  |                        |   |
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| 14 - Print  |   |  |                        |   |
|   |   |  |                        |   |
|   |   |  |                        |   |
| Social Security/Tax 10 #  |   | į  |                        |   |
| ☐ Additional debtors on attached UCC-E                                      |   |  |                        |   |
| 3. SECURED PARTY) (Last Name First if a Person)                             |   | 4. ASSIGNEE OF SECURED PARTY   | (IF ANY)               | (Last Name First if a Person)           |
| MUTUAL SAVINGS CREDIT   | UNTON                                     |  |                        |   |
| POST OFFICE BOX 1647  |   |  |                        |   |
| CLANTON, AL. 35046  | •   |  |                        |   |
| CIERTORY, IND. 33010  |   |  |                        |   |
| Social Security/Tax ID #  |   |  |                        | •                                       |
| ☐ Additional secured parties on attached UCC-E                              |   |  |                        |   |
| 5. The Financing Statement Covers the Following Types                       | (or items) of Property:                   | <u> </u>   |                        |   |
|   |   |  |                        |   |
| 2000 HONDA 350TRX   |   |  |                        |   |
| SERIAL# 478TE2545YA000  | 158                                       |  | 54                     | Enter Code(s) Even                      |
|   |   |  | S-F                    | N. Enter Code(s) From Back of Form That |
|   |   |  |                        | Best Describes The Collateral Covered   |
| ·   |   |  |                        | By This Filing:                         |
|   | · .                                       |  |                        |   |
|   |   |  |                        |   |
| •   |   |  |                        |   |
|   | · ·                                       |  |                        |   |
|   | •   |  |                        |   |
|   |   |  |                        |   |
| Check X if covered: Products of Collateral are also                         | o covered.                                |  |                        |   |
| 6. This statement is fited without the debtor's signature to                | perfect a security interest in collateral | 7. Complete only when filing with the Judge<br>The initial indebtedness secured by this fil  | of Probate:            | 5,395.00                                |
| (check X, if so)  already subject to a security interest in another jurisdi | ction when it was brought into this state | Mortgage tax due (15¢ per \$100.00 or frac   |                        | *                                       |
| already subject to a security interest in another jurisdito this state      | ction when debtor's location changed      | 8. This financing statement covers timber  | - <u>-</u>             | ixtures and is to be cross              |
| $\square$ which is proceeds of the original collateral described            | above in which a security interest is     | indexed in the real estate mortgage record<br>an interest of record, give name of record   | ds (Describe real esta | ite and if debtor does not have         |
| perfected.  | structure of debtor                       | Signature(s)   | of Secured Party(ies)  |   |
| as to which the filing has taps   |   | (Required only if filed without the state of | out decroys Signature  | - see box 6)                            |
| 11/m/ <1.61   | · · · · · · · · · · · · · · · · · · ·     | wra 411.40   | use                    |   |
| Signature(s) of Debtor(s)   |   | Signature(s) of Secured Party(ies) o   | r Assignee             |   |
| Signature(s) of Debtor(s)   | · <u>·</u> ·                              | Signature(s) of Secured Party(ies) o   | r Assignee             | **************************************  |
| Tibe Raine Orivitate or Business  | ·   | Type Name of Individual or Busines   |                        | MILON                                   |

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