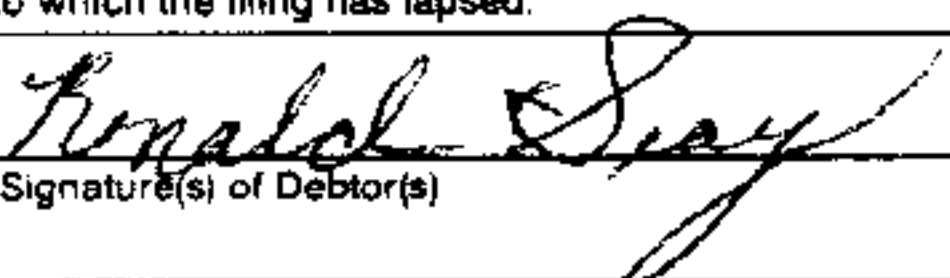
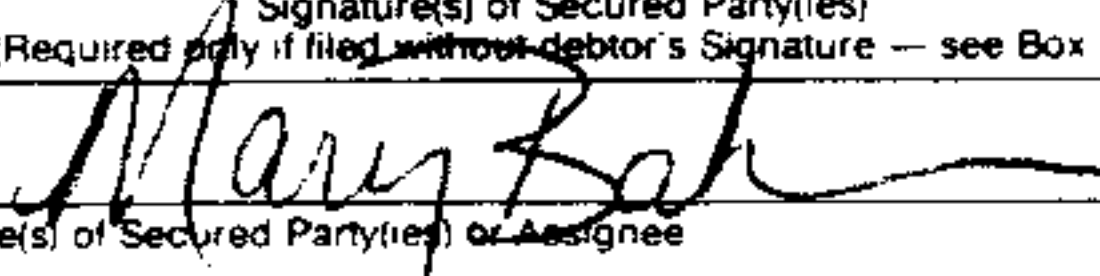


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

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

<input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to: CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> <p>Inst # 2000-03839</p> <p>02/07/2000-03839</p> <p>11:08 AM CERTIFIED</p> <p>SHELBY COUNTY JUDGE OF PROBATE</p> <p>39.00</p> <p>001 HNS</p> </div>
2. Name and Address of Debtor (Last Name First if a Person) RONALD SEAY 99 ANGLEWOOD LANE CALERA, AL 35040 Social Security/Tax ID # _____		FILED WITH: SHELBY COUNTY JUDGE OF PROBATE
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. The Financing Statement Covers the Following Types (or items) of Property: 1983 HOLIDAY MOBILE HOME #H0108244-3678		
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so): <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.		
7. Complete only when filing with the Judge of Probate. The initial indebtedness secured by this financing statement is \$ 16,000.00 Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 39.00		
8. <input type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)		
Signature(s) of Debtor(s)  _____ Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — see Box 6):  _____ Signature(s) of Secured Party(ies) or Assignee
Type Name of Individual or Business _____		Type Name of Individual or Business CENTRAL STATE BANK _____