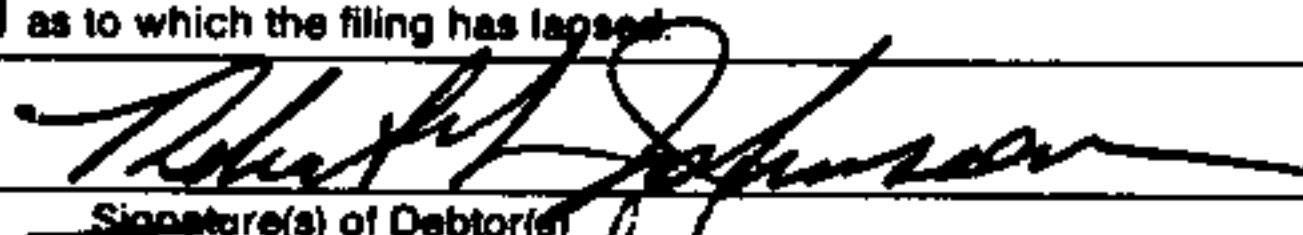
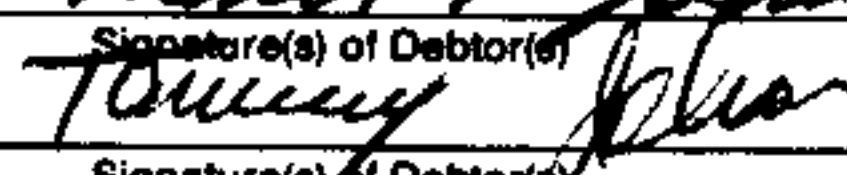
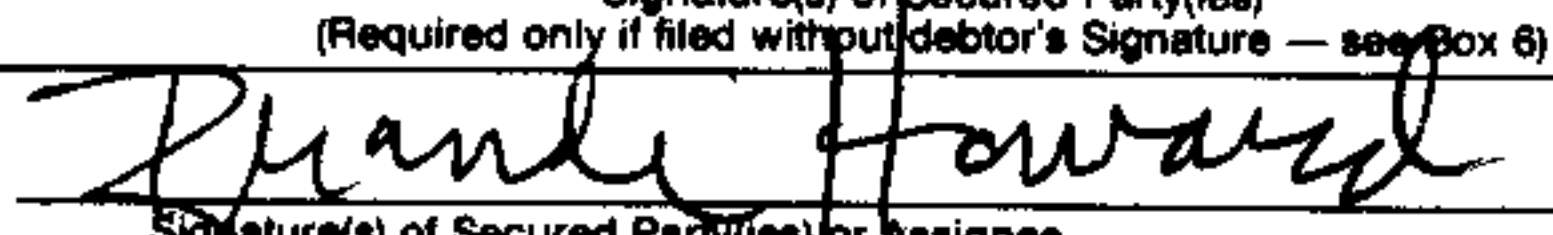
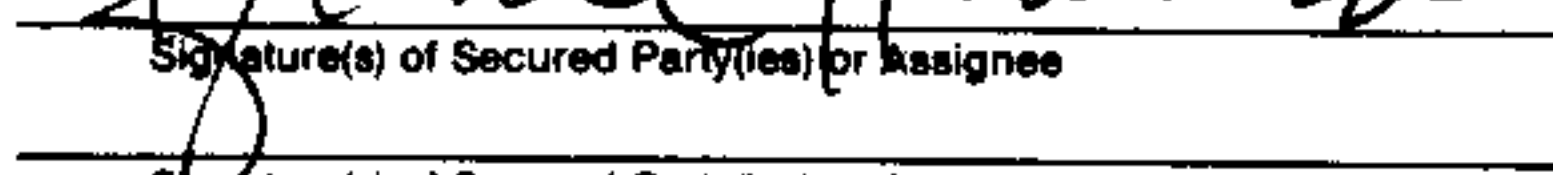


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

<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: ROBERT FIRST FAMILY FINANCIAL SERVICES 3590-A HIGHWAY 31 SOUTH PELHAM AL 35124		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 2000-28308</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08/21/2000-28308</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08:03 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">16.80</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 CJ1</div>	
Pre-paid Acct. # _____			
2. Name and Address of Debtor (Last Name First if a Person) ROBERT JOHNSON 529 BARONNE ST HELENA AL 35080			
Social Security/Tax ID # _____			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) TAMMY JOHNSON 529 BARONNE ST HELENA AL 35080			
Social Security/Tax ID # _____			
<input type="checkbox"/> Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person) FIRST FAMILY FIANNICIAL SERVICES 3590-A HIGHWAY 31 SOUTH PELHAM AL 35124			
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: ACCT 0114588 1 36" MAGNAVOX TELEVISION \$800.00 HOME NETERTAINMENT SYSTEM \$300.00			
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____	
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 \$ <u>1108.59</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>16.65</u> 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)  _____ Type Name of Individual or Business		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  _____ Signature(s) of Secured Party(ies) or Assignee FIRST FAMILY FIANNICIAL SERVICES Type Name of Individual or Business	