

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM:
American Printing Co.
(205) 254-3171

☐ 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:

First Federal Savings Bank
1630 4th Avenue North
Bessemer, Al 35020

Pre-paid Acct. # 763704

2. Name and Address of Debtor

(Last Name First if a Person)

Geriatric Care Clinic
1035 Lake Heather Road
Birmingham, Al 35242

Social Security / Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Todd Walborn
1035 Lake Heather Road
Birmingham, Al 35242

Social Security / Tax ID #

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)

FIRST FEDERAL SAVINGS BANK
1630 4th Ave. N.
Bessemer, Al. 35020

Social Security / Tax ID #

☐ Additional secured parties on attached UCC-E

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Inst # 2000-36233

10/18/2000-36233
10:08 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
166.00
001 MMB

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

Aged Accounts Receivable as of 8-15-2000.

5A. Enter Code(s) From
Back of Form That
Best Describes The
Collateral Covered
By This Filing:

0 0 1

Check X if covered: ☐ 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)

- ☐ already subject to a security interest in another jurisdiction when it was brought into this state.
☐ already subject to a security interest in another jurisdiction when debtor's location changed
to this state.
☐ which is proceeds of the original collateral described above in which a security interest is
perfected.
☐ acquired after a change of name, identity or corporate structure of debtor
☐ 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 \$ 100,000.00

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 11.00

8. ☐ 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 Secured Party(ies)
(Required only if filed without debtor's Signature — see Box 6)

Signature(s) of Debtor(s)

Signature(s) of Debtor(s)

Geriatric Care Clinic

Type Name of Individual or Business

Signature(s) of Secured Party(ies) or Assignee

Signature(s) of Secured Party(ies) or Assignee

First Federal Savings Bank

Type Name of Individual or Business