This F and w	inancing Statement is pro- ill remain effective, with	EMENT - FOLLOW INStant to the certain exceptions, for 5 years for TACT AT FILER (optional)	Uniform Commercial Co	ode		7027		127 TEB
	RETURN COPY TO: (Nat REGIONS B P.O. BOX 9 21325 HW	me and Mailing Address) ANK 146				5-1002 * 75		/28/2001-570 50 AM CERTIF IBY COUNTY JUNEE OF PROB 901 CH 38.70
							} -	2012 選
). OP	TIONAL DESIGNATION	(if applicable): LESSOR/LESSE	E CONSIGNOR/CON	NSIGNEE NON-UCC FILING	·			
ı. DE		L LEGAL NAME - insert only one	debtor name (1a or 1b)					
	1a. ENTITY'S NAME							
OR	1b. INDIVIDUAL'S LAST NAME SMITH			FIRST NAME WAYNE		MIDDLE NAME		SUFFIX
1c. M	AILING ADDRESS			CITY	STATE	COUNTRY	POSTAL	CODE
429	29 HORSEBACK TRL			SHELBY	AL	<u> </u>	35143	
ld. S.	OPTIONAL 10. TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR Individual			1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	' 1g. ENTI	1 1g. ENTITY'S ORGANIZATIONAL I.D.#, if any		
2. AD	DITIONAL DEBTOR'S	EXACT FULL LEGAL NAME - I						
	2a. ENTITY'S NAME		· · · · · · · · · · · · · · · · · · ·					
R	2b. INDIVIDUAL'S LAS	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
2c. M	MAILING ADDRESS			CITY	STATE	STATE COUNTRY POSTA		CODE
2d. S.	S.S. OR TAX I.D.# OPTIONAL 2e. TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR		OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENT	2g. ENTITY'S ORGANIZATIONAL I.D.#, if		I.D.#, if any
3. SE	CURED PARTY'S		SSIGNEE) EXACT FULL	LEGAL NAME - insert only one secured	party name (3a or 3b)			
	3a. ENTITY'S NAME REGIONS BANK			an Shark #645				
ÒЯ	3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	NAME		SUFFIX
	:. MAILING ADDRESS			CITY	STATE	COUNTRY	POSTAL	
\cap	.O. BOX 946, 21325 HWY 25			COLUMBIANA	AL		35051	
F.U.		NT covers the following types or te filed 09/21/1999 in 5						
4. Thi	O case trencher da							
5. CH	IECK ☐ This FINANCIN	NG STATEMENT is signed by the ecurity interest in another jurisdies b) in accordance with other statu	ction when it was broug	of the Debtor to perfect a security integht into this state, or when the debtor all data may be required.	rest (a) in collateral alrea 's location was changed	dy 7. If filed is to □ Docume	entary 🕝	neck one) Documentary stam Itax not applicable
5. CH BO	IECK ☐ This FINANCIN	ecurity interest in another jurisdic	ction when it was broug	aht into this state, or when the debtor'	rest (a) in collateral alreads location was changed 8. This FINANCING (or recorded) in	to Docume stamp t	entary ax paid [Documentary stam tax not applicable ed (for record)
5. CH BO I## 6. RE	IECK This FINANCIN IX subject to a se	ecurity interest in another jurisdiction in accordance with other statu	ction when it was broug	aht into this state, or when the debtor'	8. This FINANCING	STATEMENT	is to be file	Documentary stam tax not applicable ed (for record) IDS (if applicab