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

## Important: Read Instructions on Back Before Filling out Form.

☐ 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.		
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Covenant Bank Post Office Box 309 Leeds, AL 35094			4201	A 201 IFIED PROBATE .OG
Pre-paid Acct #			0-20	CERT SERVICE S
Name and Address of Debtor	(Last Name First if a Person)	<del></del>	50	o z ≥ ±
Sterrett Vandiver Water Post Office Box 71	r System, Inc.		*	4
Sterrett, AL 35147			H 7 St	11:15 41:15 8EBY
Social Security/Tax ID #	<del></del>			
2A. Name and Address of Debtor (IF ANY	(Last Name First if a Person)			*
Social Security/Tax ID #				
3. SECURED PARTY) (Last Name First if a Person)	<del></del>	# ASSIGNISE OF SECURED DARRY	de Abiso	
Covenant Bank		4. ASSIGNÉE OF SECURED PARTY	(IF ANY)	(Last Name First If a Person)
Post Office Box 309				
Leeds, AL 35094				
Social Security/Tax ID #	<del></del>	_		
<ul> <li>Additional secured parties on attached UCC-E</li> <li>The Financing Statement Covers the Following Type</li> </ul>	e (e- the-e-) of Bernaut	· · · · · · · · · · · · · · · · · · ·		
See Exhibit "A" atta	ached hereto and inco	orporated herein by r		. Enter Code(s) From Back of Form That
				Best Describes The Collateral Covered By This Filling:
:				
				<del></del>
_		•		<del></del>
Check X if covered: Products of Collateral are also. This statement is filed without the debtor's signature to		7. Complete only when filing with the Judge	e of Probate	350,000
(check X, if so) already subject to a security interest in another juriso already subject to a security interest in another juriso to this state.	siction when it was brought into this state.	The initial indebtedness secured by this financing statement is \$		
which is proceeds of the original collateral described perfected.  acquired after a change of name, identity or corporate		an interest of record, give name of record	rds (Describe real estated owner in Box 5)	te and if debtor does not have
as to which the filing has lepsed.	President	Required entylif thed with	and the	— <u>see Box 6)</u>
Signature(s) of Debtor(s) Signature(s) of Debtor(s)	——————————————————————————————————————	Signification of Secured/Party (iest	14 % VIII	or_
——————————————————————————————————————	-	Signature(s) of Secured Flanty(ids)	or Assignée	
Type Name of Individual or Business  1) FILING OFFICER COPY — ALPHABETICAL (3) FILING 2) FILING OFFICER COPY — NI MEDICAL (4) FILE CO	OFFICER COPY ACKNOWLEDGEMENT	:Type Name of Individual or Busine STANDARD   (c) C   C CODV DEDTOD(C)	· · · · · · · · · · · · · · · · · · ·	MERCIAL CODE — FORM UCC-

Assessed to The Constitute of Mark at Makanan

## **EXHIBIT "A"**

All accounts receivable, whether now owed or hereafter owing to debtor and wherever located, and all documents now or hereafter evidencing same.

Inst # 2002-04201

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D1/24/2002-04201
11:15 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CH 550.00