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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDG	MENT TO: (Nam	e and Address)					
ALABAMA P ATTN: ROD I P O BOX 129	NOWLIN	IPANY					
ANNISTON,	AL 36201						
<u> </u>			THE ARC	VE SDACE IS E	OR FILING OFFICE U	SE ONI V	
1. DEBTOR'S EXACT FL	JLL LEGAL NAME	- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		JA FILING OFFICE O	SE ONL 1	
1a. ORGANIZATION'S NA		- moon only one deplot marile (ra	OF 10) - do not abbreviate of combine names				
16. INDIVIDUAL'S LAST N	IAME	<u></u>	FIRST NAME	MIDDLE	MIDDLE NAME		
DAVIS			FRANKIE	R			
c. MAILING ADDRESS	<u></u>	······································	СПҮ	STATE	POSTAL CODE	COUNTRY	
641 HIGHWAY 463	3		VINCENT	AL	35178		
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIA		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR]	ł		NONE	
2. ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or o	ombine names			
2a. ORGANIZATION'S NA						······································	
OB				······································			
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		NAME	SUFFIX		
DAVIS			ANITA		JOE		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
STAND # OCH OR FINE	LABOU INCO DE	0. TVDC 05 05 04 17 17 10 11					
d. TAX ID #: SSN OR EIN	ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	2g. ORGANIZATIONAL ID #, if any		
	DEBTOR					NONE	
<u> </u>		TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a	a or 3b)			
3a. ORGANIZATION'S NA		NTS 2					
ALABAMA POWER COMPANY 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX		
		ILIU2 LIAVME	MIDDLE	MIDDLE IAWAE			
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
P O BOX 129		ANNISTON	AL	36201	USA		
					30201	TODA	
1. This FINANCING STATEME	NT covers the follow	ing collateral:					
		ANDARD HEATPUM	P				
MODEL# 6H0036	5A100A4						

BAILEE/BAILOR

SELLER/BUYER

AG. LIEN

All Debtors

NON-UCC FILING

CONSIGNEE/CONSIGNOR

8. OPTIONAL FILER REFERENCE DATA

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

SERIAL# 2205R3M4F

SERIAL# 2315KBDIV

\$2700.00

MODEL# TWE036C140B0

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ESTATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] [optional]

THE INDIVIDUAL'S LAST NAME DAVIS ANITA JOE CITY STATE POSTAL CODE COUNTRY 11d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ORGANIZATION DEBTOR 12. ADDITIONAL SECURED PARTY'S QL ASSIGNOR S/P'S NAME - insert only Qng name (12a or 12b) FIRST NAME MIDDLE NAME SUFFIX NONE ANITA JOE COUNTRY 11g. ORGANIZATIONAL ID #: # any NONE 12a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX			ENT ADDENDUM						
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5. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): ANITA JOE DAVIS 1641 HIGHWAY 463 VINCENT, AL 35178 17. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction — effective 30 years	collateral, or is filed as a	fixture filing.	!!						
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