



A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
I. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor on the control of the		SPACE IS FO	OR FILING OFFICE US	E ONLY
OR 1b. INDIVIDUAL'S LAST NAME		LAIDDIC	NARAT	ISUFFIX
Barber	FIRST NAME Stephen	MIDDLE NAME		SUFFIX
c. MAILING ADDRESS	CITY	Nathan STATE POSTAL CODE		COUNTRY
451 Highway 39	Chelsea	AL	35043	Shelby
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZA ORGANIZATION DEBTOR			ANIZATIONAL ID #, if any	V NO
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert of	only one debter name /2e or 2h). do not abbreviate or com	bine names		
2a. ORGANIZATION'S NAME	Willy One debitor harrie (2a or 20) - do not abbreviate or com			
2a. ORGANIZATION'S NAME			NAME	SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME.	MIDDLE		SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber	FIRST NAME Valarie	MIDDLE	IS	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS	FIRST NAME Valarie CITY	MIDDLE Niven	S POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS 251 Brandy Circle 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	FIRST NAME Valarie CITY Chelsea	MIDDLE Niven STATE AL	IS	COUNTRY Shelby
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS 251 Brandy Circle d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME Valarie CITY Chelsea TION 2f. JURISDICTION OF ORGANIZATION	MIDDLE Niven STATE AL 2g. ORG	POSTAL CODE 35043	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS 251 Brandy Circle d. TAX ID #: SSN OR EIN ADD'L INFO RE 2a. TYPE OF ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS	FIRST NAME Valarie CITY Chelsea TION 2f. JURISDICTION OF ORGANIZATION	MIDDLE Niven STATE AL 2g. ORG	POSTAL CODE 35043	COUNTRY Shelby
28. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS 251 Brandy Circle d. TAX ID #: SSN OR EIN ADD'L INFO RE 2a. TYPE OF ORGANIZATION DEBTOR 5. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A	FIRST NAME Valarie CITY Chelsea TION 2f. JURISDICTION OF ORGANIZATION	MIDDLE Niven STATE AL 2g. ORG	POSTAL CODE 35043	COUNTRY Shelby
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2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Barber c. MAILING ADDRESS 251 Brandy Circle d. TAX ID #: SSN OR EIN ADD'L INFO RE 2a. TYPE OF ORGANIZATION DEBTOR . SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	FIRST NAME. Valarie CITY Chelsea TION 2f. JURISDICTION OF ORGANIZATION SSIGNOR S/P) - insert only one secured party name (3a or	MIDDLE Niven STATE AL 2g. ORG	POSTAL CODE 35043 ANIZATIONAL ID #, if any	COUNTRY Shelby

1997 International 4700 Rollback Wrecker VIN 1HTSCABM4VH443978

All rights, title and interest in the name "280 Towing" and any variant thereof (the "Name") and the phone number 980-8697 (tows)

Goodwill associated with the business "280 Towing" (the Goodwill)

ALL TRANSFER TAX SHALL BE PAID BY BUYER

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN	NON-UCCFILING
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]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		