20060420000185490 1/2 \$28.00 Shelby Cnty Judge of Probate, AL 04/20/2006 12:57:13PM FILED/CERT

LICC EINIANICINIC CTATEMENT

OCC FINANCIN	GSIAIEW	CIV I						
FOLLOW INSTRUCTION		······································						
A. NAME & PHONE OF (R [optional]						
(205) 672-2222 B. SEND ACKNOWLEDG		and Address)		 				
	, , , , , , , , , , , , , , , , , , ,	Julia / (aai 000)						
Frontier Ban	k							
P.O. Box 209								
Vincent, AL	35178			4				
					THE ABOVE	SPACE IS F	OR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FU	LL LEGAL NAME -	insert only one debte	or name (1	a or 1h) - do not				
1a. ORGANIZATION'S		inscre only one debte	or marrie ()	a or ro, ao mo	dobleviate of combine	riairios		
				FIRST NAME		MIDDLE	MIDDLE NAME	
Jacobs				Roger		P		<u> </u>
1c. MAILING ADDRESS 3488 Hwy 83				Vincent		STATE	35178	COUNTRY
1d. SEE INSTRUCTIONS	ADD'I INEO RE	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		1f. JURISDICTION OF ORGANIZATION			SANIZATIONAL ID #, if any	<u></u>
TO. SEE HASTROCTIONS	ORGANIZATION					ig. One		NON
2. ADDITIONAL DEBTOR	'S EXACT FULL L	EGAL NAME - insert o	only one d	ebtor name (2a	or 2b) - do not abbrevia	ate or combin	ne names	
2a. ORGANIZATION'S I	·		<u> </u>					
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
OR 2b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	NAME	SUFFIX
Jacobs				Janice		M	·	
2c. MAILING ADDRESS 2.4QQ LITTER Q2				CITY T/image		STATE	POSTAL CODE	COUNTRY
3488 Hwy 83 2d. SEE INSTRUCTIONS	ADD'I INFO RE	2e. TYPE OF ORGANIZ	'ΔΤΙΟΝ	Vincent	N OF ORGANIZATION	AL 20 OB	35178 GANIZATIONAL ID #, if any	
	ORGANIZATION			21. 001110210110	TO OTTORINE	-g. O.	CANALATIONAL ID N, II dity	NONE
3. SECURED PARTY'S N		f TOTAL ASSIGNEE (of ASSIGN	IOR S/P) - insert	only one secured part	y name (3a	or 3b)	• • • • • • • • • • • • • • • • • • •
3a. ORGANIZATION'S			<u></u>			<u></u>	· · · · · · · · · · · · · · · · · · ·	
Frontier Ban	· · · · · · · · · · · · · · · · · · ·	· . T						
OR 3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE NAME SUFFIX		
- NAAH INIC ADDDECC				CITY		CTATE	DOST (1. CODE	COLINITON
3c. MAILING ADDRESS $\mathbf{P.O.~Box~209}$				Vincent		AL	35178	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:								
One (1) used 1995 Silb repairs, improvements, where ever located, 199	outte Mobile Hound accessions volume 28/64	lome 28 FT. Length whether now existin	g or here		-		••••	•
This a purc	mase mon	ey mortga	ge.					
5. ALTERNATIVE DESIGNAT	ION [if applicable]:	LESSEE/LESSOR	CONSIGN	NEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BU	YER AG. LIEN	NON-UCC FILING
6. This FINANCING STAT		[for record] (or recorded	d) in the RE	AL 7. Check to	REQUEST SEARCH REPO		tor(s) All Debtors Deb	otor 1 Debtor 2
8. OPTIONAL FILER REFEREN			[if applicab	iej (ADDITI	ONAL FEE)	(optional)		<u></u>

20060420000185490 2/2 \$28.00 UCC FINANCING STATEMENT ADDENDUM Shelby Cnty Judge of Probate, AL 04/20/2006 12:57:13PM FILED/CERT FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX FIRST NAME 96. INDIVIDUAL'S LAST NAME Roger Jacobs 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX 11b. INDIVIDUAL'S LAST NAME FIRST NAME Janice Jacobs COUNTRY POSTAL CODE STATE CITY 11c. MAILING ADDRESS 35178 AL Vincent 3488 Hwy 83 11g. ORGANIZATIONAL ID#, if any 11f. JURISDICTION OF ORGANIZATION 11e. TYPE OF ORGANIZATION 11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION NONE DEBTOR ____ADDITIONAL SECURED PARTY'S or ____ ASSIGNOR S/P'S NAME - Insert only one name(12a or 12b) 12a. ORGANIZATION'S NAME OR SUFFIX MIDDLE NAME 126. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY STATE CITY 12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers _____ timber to be cut or _____ as-extracted 16. Additional collateral description: collateral, or is filed as a in fixture filing. 14. Description of real estate: 3488 Hwy 83 Vincent, AL 35178 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box Debtor is a ____ Trust or ____ Trustee acting with respect to property held in trust or ____ Decedent's Estate

18. Check only if applicable and check only one box.

|X| Filed in connection with a Manufactured-Home Transaction - effective 30 years

Filed in connection with a Public-Finance Transaction - effective 30 years

Debtor is a TRANSMITTING UTILITY