

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

(256)249-0341					
1230/277-0371		 			
B. SEND ACKNOWLED	GMENT TO: (Name and Address)				
Frontier Bar	ık				
Loan Ops					
P.O. Box 63	0				
Svlacauga A	labama 35150				
				00 EU INO 0EELOE III	or on W
				OR FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT FU 1a. ORGANIZATION'S	JLL LEGAL NAME - insert only one debtor name NAME	(la or lb) - do not abbreviate or combine	names		
OR 1b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
Roberson		Kimberly			
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
122 Dixie Lane	······································	Vincent	AL	35178	:
id. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if a	ny NONI
	R'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbrevia	te or combir	ne names	
2a. ORGANIZATION'S	NAME				
OR 2b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. OR	GANIZATIONAL ID #, if a	any NONE
3. SECURED PARTY'S N	NAME (or NAME of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured party	y name (3a	or 3b)	
3a. ORGANIZATION'S					
Frontier Ba		FIRST NAME	MIDDLE	NAME	SUFFIX
OR 3b. INDIVIDUAL'S LA	ST NAIVIE	TINGI WAIVIE	IVIIDBLE	FNATVIL	30111
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 209		Vincent	AL	35178	
3c. MAILING ADDRESS P.O. Box 209	EMENT covers the following collateral:		AT		COUNTI

	ck) CAREFULLY b) ON RELATED FINANCING	STATEMENT
9a. ORGANIZATION'S NAME		
9b. INDIVIDUAL'S LAST NAME Roberson	FIRST NAME Kimberly	MIDDLE NAME, SUFFIX
	9a. ORGANIZATION'S NAME	9b. INDIVIDUAL'S LAST NAME FIRST NAME

						THE ABOV	/ F	10 505 50 MIO 05510	
11	ADDITIONAL DEDTO	DIC EVACT FU	11 : 50	A A BLABACT Superior and				IS FOR FILING OFFIC	E USE ONLY
rr.	11a. ORGANIZATION'S		LL LEG	AL NAIVIE - Insert only	one name (11a or 11b) - do not	appreviate or comi	oine names		
OR 11b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	NAME	SUFFIX	
11c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	
11d	SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR				11f. JURISDICTION OF ORG	SANIZATION	11g. ORGANIZATIONAL ID#, if any		
12.	ADDITIONAL SEC	URED PARTY'	S or	ASSIGNOR S/P'	S NAME - Insert only one n	ame(12a or12b)			
OR	12a. ORGANIZATION'S	NAME	<u></u>		FIRST NAME				
12c. MAILING ADDRESS				CITY	ST		POSTAL CODE	COUNTRY	
14. Fix esta will 122	ate records of Shelb	d of record. To County. The property more AL 35178	ese go	fically described as					
				17. Check only if applicable and Debtor is a Trust or Tru	rustee acting with and check <u>only</u> one NG UTILITY a Manufactured-Hor	respect to box.	tion - effective 30 years		