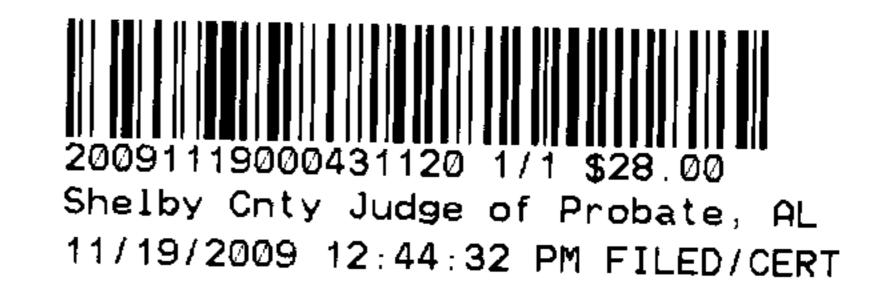
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|  | · · · · · · · · · · · · · · · · · · ·   | k) CAREFULLY  |   |  |   |                 |
|--|---|---|---|--|---|-----------------|
| A. NAME & PHONE OF C   | ONTACT AT FILI  | ER [optional]   |   |  |   |                 |
| B. SEND ACKNOWLEDG   | MENT TO: (Nar   | me and Address)   |   |  |   |                 |
|  |   |   |   |  |   |                 |
| i<br>A ma  | ricate First D  | Federal Credit Union  |   |  |   |                 |
|  | 4th Avenue  |   |   |  |   |                 |
|  | ningham, AL   |   |   |  |   |                 |
|  | _   |   |   |  |   |                 |
|  |   |   |   |  |   |                 |
| <u>i</u>   |   |   | THE ABO   | OVE SPACE IS FO                        | R FILING OFFICE US                          | SEONLY          |
| . DEBTOR'S EXACT FU  | JLL LEGAL NAME  | - insert only <u>one</u> debtor name (1a or 1b  | ) - do not abbreviate or combine names  |  |   |                 |
| 1a. ORGANIZATION'S N.  | AME   |   |   | ······································ |   |                 |
| OR 16. INDIVIDUAL'S LASTN  | I A D A F"  | , y <u>n</u>  |   |  |   |                 |
|  | IANE  |   | FIRST NAME  | MIDDLE                                 | NAME  | SUFFIX          |
| SHARIT<br>c. MAILING ADDRESS   | · · · · · · · · · · · · · · · · · · ·   |   | CITY  | A. STATE                               | POSTAL CODE                                 | COUNTRY         |
| 1421 KELLEY  | DRIVE   |   |   |  |   | İ               |
| SEEINSTRUCTIONS  |   | 1e. TYPE OF ORGANIZATION  | PELHAM  1f. JURISDICTION OF ORGANIZATION  | A.L.                                   | 35124 ANIZATIONAL ID #, if any              | US              |
|  |   |   |   | 1 (3) -                                | '   |                 |
|  | ORGANIZATION DEBTOR   | ·<br>   |   | i '\$' '\'                             |   | IJ              |
| . ADDITIONAL DEBTO   | DEBTOR  |   | lebtor name (2a or 2b) - do not abbreviate or   |  |   | F1              |
| . ADDITIONAL DEBTO   | DEBTOR<br>R'S EXACT FULL  |   | lebtor name (2a or 2b) - do not abbreviate or   |  |   | · · · · · ·     |
| 2a. ORGANIZATION'S N   | R'S EXACT FULL AME  |   |   | combine names                          |   | NC              |
| 2a. ORGANIZATION'S N   | R'S EXACT FULL AME  |   | lebtor name (2a or 2b) - do not abbreviate or   |  |   | SUFFIX          |
| 2a. ORGANIZATION'S NA  | R'S EXACT FULL AME  |   | FIRST NAME  | combine names  MIDDLE                  | NAME  | SUFFIX          |
| 2a. ORGANIZATION'S NA  | R'S EXACT FULL AME  |   |   | combine names                          |   | NC              |
| 2a. ORGANIZATION'S NA<br>2b. INDIVIDUAL'S LAST<br>c. MAILING ADDRESS   | R'S EXACT FULL  AME  ADD'L INFO RE  |   | FIRST NAME  | combine names  MIDDLE  STATE           | NAME POSTAL CODE                            | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS   | R'S EXACT FULL AME  | LEGAL NAME - insert only <u>one</u> d   | FIRST NAME  CITY  | combine names  MIDDLE  STATE           | NAME  | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SEE INSTRUCTIONS  | ADD'L INFO RE ORGANIZATION DEBTOR   | LEGAL NAME - insert only one of the control of the | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  | combine names  MIDDLE  STATE  2g. ORG  | NAME POSTAL CODE                            | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SECURED PARTY'S  3a. ORGANIZATION'S NA                                      | ADD'L INFO RE ORGANIZATION DEBTOR  NAME   2e. TYPE OF ORGANIZATION  TOTAL ASSIGNEE of ASSIGNOR S/F  | FIRST NAME  CITY  | combine names  MIDDLE  STATE  2g. ORG  | NAME POSTAL CODE                            | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SECURED PARTY'S  3a. ORGANIZATION'S NA  America's Fi                        | ADD'L INFO RE ORGANIZATION DEBTOR  NAME (or NAME of ME  TST Federal   | LEGAL NAME - insert only one of the control of the | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  P) - insert only one secured party name (3a or 3)       | combine names  MIDDLE  STATE  2g. ORG  | POSTAL CODE  ANIZATIONAL ID #, if any       | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SECURED PARTY'S  3a. ORGANIZATION'S NA  America's Fi                        | ADD'L INFO RE ORGANIZATION DEBTOR  NAME (or NAME of ME  TST Federal   | 2e. TYPE OF ORGANIZATION  TOTAL ASSIGNEE of ASSIGNOR S/F  | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  | combine names  MIDDLE  STATE  2g. ORG  | POSTAL CODE  ANIZATIONAL ID #, if any       | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SECURED PARTY'S  3a. ORGANIZATION'S NA  America's Fi                        | ADD'L INFO RE ORGANIZATION DEBTOR  NAME (or NAME of ME  TST Federal   | 2e. TYPE OF ORGANIZATION  TOTAL ASSIGNEE of ASSIGNOR S/F  | FIRST NAME  2f. JURISDICTION OF ORGANIZATION  P) - insert only one secured party name (3a or 3)  FIRST NAME | combine names  MIDDLE  STATE  2g. ORG. | NAME  POSTAL CODE  ANIZATIONAL ID #, if any | SUFFIX          |
| 2a. ORGANIZATION'S NA  2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS  d. SECURED PARTY'S  3a. ORGANIZATION'S NA  America's Fi  3b. INDIVIDUAL'S LAST | ADD'L INFO RE ORGANIZATION DEBTOR  NAME (or NAME of ME  TST Federal NAME  | LEGAL NAME - insert only one of the control of the | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  P) - insert only one secured party name (3a or 3)       | combine names  MIDDLE  STATE  2g. ORG  | POSTAL CODE  ANIZATIONAL ID #, if any       | SUFFIX  COUNTRY |

|   |  | <br>                        |                   |                |
|---|--|-----------------------------|-------------------|----------------|
| . ALTERNATIVE DESIGNATION (if applicable):                              |  | <br>E/BAILOR SELLER/BUYER   | AG. LIEN N        | ION-UCC FILING |
| This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | for record] (or recorded) in the REAL [if applicab | ARCH REPORT(S) on Debtor(s) | All Debtors Debto |                |
| OPTIONAL FILER REFERENCE DATA   |  | Johnstiell.                 |                   |                |