UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (c

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it, full name; do not omit, modify, or abbreviate a covide the Individual Debter information in item	any part of the Debto	ir's name); if any part of the l	Individual Debtor'
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FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX .
			USA
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	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
CITY	STATE	POSTAL CODE	COUNTRY
ALABASTER	AL	35007	USA
SECURED PARTY): Provide only one Secured P	arty name (3a or 3b)		
FIRST PERSONAL NAME	AME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
WAUSAU	VVI	54402-0844	USA
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Trust (see UCC1Ad, item 17 and Instructions)	being administe	red by a Decedent's Persons	Representative
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n A Debtor is a Transmitting Utility	Agricul	tural Lien Non-UCC	rining
	THE ABO THE	THE ABOVE SPACE IS FOOTH THE ABOVE SPACE IS FO	THE ABOVE SPACE IS FOR FILING OFFICE USE it, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the I rovide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form L FIRST PERSONAL NAME TAMARA CITY ALABASTER AL 35007 It, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the I rovide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form to FIRST PERSONAL NAME BEVERLY CITY ALABASTER ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE AL 35007 SECURED PARTY); Provide only one Secured Party name (3a or 3b) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE AL 35007 ALABASTER ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE WAUSAU WI 54402-0844