

THIS SPACE FOR USE OF FILING OFFICER

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

The Financing Statement is prepared for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 3 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT # (optional)	
C. RETURN COPY TO: (Name and Mailing Address)			
BANK OF HOLLY SPRINGS 114 Memphis St. Holly Springs, MS 38835			
D. OPTIONAL DESIGNATION: <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING			

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME				
1b. 1b. INDIVIDUAL'S LAST NAME				
FIRST NAME		MIDDLE NAME		SUFFIX
JONES		LULYSBES		
1c. MAILING ADDRESS				
2363 CHELSEA				
CITY		STATE	COUNTRY	POSTAL CODE
MEMPHIS		TN		38108-1580
1d. S.S. OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	
411-72-6891		Individual		
1g. ENTITY'S ORGANIZATIONAL I.D.# if any <input type="checkbox"/> NONE				

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME				
FIRST NAME		MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS				
CITY				
STATE		COUNTRY	POSTAL CODE	
2d. S.S. OR TAX ID #		2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	
2g. ENTITY'S ORGANIZATIONAL I.D.# if any <input type="checkbox"/> NONE				

3. SECURED PARTY'S ORIGINAL S/P or ITS TOTAL ASSIGNEE'S EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME				
BANK OF HOLLY SPRINGS				
OR				
3b. INDIVIDUAL'S LAST NAME				
FIRST NAME		MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS				
114 Memphis St., P.O. Box 288				
CITY		STATE	COUNTRY	POSTAL CODE
Holly Springs		MS		38835

4. This FINANCING STATEMENT covers the following item or items of property:
GOBERNECK HORSE TRAILER (SPRING LOADED DROPLEG) MODEL #8888 BL J-684-E.

Maximum Permitted Indebtedness for Tennessee Recording Tax Purpose is \$ 300,00

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest in:	6. If filed in Florida, please check <input type="checkbox"/> Documentary Stamp <input type="checkbox"/> Documentary Stamp Exemption <input type="checkbox"/> Stamp Not Applicable
7. If filed in Florida, please check <input type="checkbox"/> This FINANCING STATEMENT is to be filed for record in the REAL ESTATE RECORDS <input type="checkbox"/> (if applicable) <input type="checkbox"/> Check to PEOPLE'S SEARCH CERTIFICATE(s) on Debtor(s) (ADDITIONAL FEE)	8. <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2
9. SIGNATURE(S) LULYSBES JONES	

EA 4400 (B) 1306



J28184

12/19/2000-12:22:48

REG. FEE	0.1
NOT. FEE	0.00
RECORDING FEE	1.00
AD. TRANSFER TAX	N/A
PROPERTY TAX	N/A
TRANSFER FEE	13.00
STATE FEE	1.00
LOCAL FEE	N/A
TOTAL	15.10
STATE OF MISSISSIPPI, COUNTY OF HENRY Tom Leatherwood, Register	