<del></del>		A to B in the contract of the specific of the
1. No. of additional sheets 01	State Billing Account No.	For Filing Officer (Date, Time, Number, and Filing Office) DO NOT WRITE IN THIS SPACE
2. Debtor(s) Last name first, address(es) Soc. Sec. No. — Tax I.D. No.	3. Secured Party(ies) and address(es)	
Alabama Ultrasonic Blind	1	
Cleaning, dba Shine-A-B1:	,	
P.O. Box 921	South, Suite B-101	·
Bessimer, AL 35021	Warren, MI 48093	\$ <b>N</b>
1272 Hwy.52, Maylene, Al	i - I	
4. Name and address(es) of assignee(s) (if an		37588 37588 37588
	5. Products of collateral are also	
	covered.	
	6. Collateral was brought into this state subject to a security interest	
	in another jurisdiction.	
7. This financing statement covers the following	ng types (or items) of property:	
Secured interest :  Denice B. Due  Signature(s) of Debtor(s)	8.85 nb	+ 13.00 + 2.00 ± 1.00 = 24.85  Secured Party or Assigned of Record)
Secretary of State Copy		RIEGLE PRESS, FLINT, MICH.
- Cociciary of Citate Copy	<u> </u>	
Page 2		
Debtor(s)		
Alabama Ultrasonic Clea Denise Owens Social Sec Doris Nerud Social Secu	ning, dba Shine-A-Blind curity # crity #	Federal ID#

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