



NAME & PHONE OF CONTACT AT FILER [optional]					
S. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Mitchell A. Spears Attorney at Law					
P.O. Box 119					
Montevallo, AL 35115					
	THE AB	OVE SPACE IS FOR FILING OFFICE U	SE ONLY		
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debto					
1a. ORGANIZATION'S NAME					
Pramukh Swami, L.L.C. (an Alabama Limited					
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
20 1st Avenue North	Birmingham	AL 35206	USA		
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	,		<u> </u>		
DEBTOR L.L.C.	Jefferson County, Alabama	1	N		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inse	ert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or	r combine names			
Za. ORGANIZATION S NAME					
R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANI	ZATION 2f. JURISDICTION OF ORGANIZATION	20 OPCANIZATIONAL ID # if on	25 ODCANIZATIONAL ID # if one		
ORGANIZATION	ZATION (ZI. JORISDIC HONOF ORGANIZATION	į zg. ORGANIZATIONAL ID #, II any	2g. ORGANIZATIONAL ID #, if any		
DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of	(ASSIGNOR S/P) - insert only one secured party name (3a or 3h)	N N		
3a. ORGANIZATION'S NAME	Accided party maeric only one secured party marrie (Ja (1 30)			
Shows Properties, L.L.C. (an Alabama Limited	d Liability Company)				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3b. INDIVIDUAL'S LAST NAME		STATE POSTAL CODE	COUNTRY		
3b. INDIVIDUAL'S LAST NAME	CITY		i		
3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 234 Moss Lane	Gallion	AL 36742	USA		

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5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONS	SIGNOR BAILEE/BAI	ILOR SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum			eck to REQUEST SEARCH	REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor
8. OPTIONAL FILER REFERENCE DATA			······································	· · · · · · · · · · · · · · · · · · ·		