CC FINANCING STATEMENT

20041201000657780 Pg 1/2 32.95 Shelby Cnty Judge of Probate, AL 12/01/2004 13:30:00 FILED/CERTIFIED

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALABASCO

20 South 20 Acknowledgment Address)

B'ham, At 35295

	THE AI	BOVE SPACE IS FOR FILING OFFICE I	USE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor 1a. ORGANIZATION'S NAME	r name (1a or 1b) - do not abbreviate or combine name	es	
1b. INDIVIDUAL'S LAST NAME UMALL J L	FIRST NAME AUUCH	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS 140 MAILAND POME	DR CITY Delham	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZ ORGANIZATION DEBTOR	ZATION 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if a	ny NOI
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inser	t only <u>one</u> debtor name (2a or 2b) - do not abbreviate o	or combine names	
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 ORGANIZ ORGANIZATION DEBTOR	ZATION 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if ar	ny Nor
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A Sa. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS HOW South 20th Street	et Bir	STATE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers the following collateral: FURNACE Model Selial #040		N TOMBH	
Turnae Model	#6M580453,	AN 45 MBW	
Delial # 040	19639938	#3260.0	
ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum OPTIONAL FILER REFERENCE DATA	CONSIGNEE/CONSIGNOR BAILEE/BAIL in the REAL 7. Check to REQUEST SEARCH F [if apolicable] [ADDITIONAL FEE]		NON-UCC FILIN Debtor 1 Debtor

20041201000657780 Pg 2/2 32.95 Shelby Cnty Judge of Probate,AL 12/01/2004 13:30:00 FILED/CERTIFIED

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ME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
a. ORGANIZATION'S NAME		
b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX		
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ISCELLANEOUS:		
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DESTINATION OF THE PROPERTY OF		FILING OFFICE USE ONLY
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (11a or 11b) - do not abbrevia 1a. ORGANIZATION'S NAME	ate or combine names	· · · · · · · · · · · · · · · · · · ·
1b. INDIVIDUAL'S LAST NAME	MIDDLE NAME	SUFFIX
AILING ADDRESS CITY	STATE POSTA	AL CODE COUNTRY
AX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANI ORGANIZATION DEPTOD	IZATION 11g. ORGANIZAT	TIONAL ID #, if any
DEBTOR DECLIDED DADTO(O LA COLONIO DE CIDIO DE COLONIO		NO
ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (2a. ORGANIZATION'S NAME	12a or 12b)	
CHUIS HEATING OF THE LEC		
2b. INDIVIDUAL'S LAST NAME	MIDDLE NAME	SUFFIX
ALING ADDRESS CITY	STATE POSTA	L CODE COUNTRY
. B. 180X 164 HelenA		75086)
is FINANCING STATEMENT covers timber to be cut or as-extracted 16. Additional collateral descript	tion:	
llateral, or is filed as a 🚺 fixture filing.		
scription of real estate:		
Alland Points It 24 MAP BOOK 10 Age 70		
me and address of a RECORD OWNER of above-described real estate Debtor does not have a record interest):		
17. Check <u>only</u> if applicable and		
Debtor is a Trust or Tru	istee acting with respect to property he	eld in trust or Decedent's Esta
18. Check only if applicable and	check only one box.	
Debtor is a TRANSMITTING to	UTILITY	
Ellad in connection with - **	anufactured-Home Transaction effect	ive 30 vears
Filed in connection with a Ma		

UCC FINANCING STATEMENT ADDENDUM