UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Lelby 28.00 34.60	20050531000261730 1/2 \$34 Shelby Cnty Judge of Prob 05/31/2005 01:44:12PM FIL	sata Ol
A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) AAAGASCO			
	THE ABOVE	SPACE IS FOR FILING OFFICE US	EONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name	(1a or 1b) - do not abbreviate or combine names		
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 3115 KEUSTONE DWINE	CITY BARNEY	STATE POSTAL CODE 11 350 46	COUNTRY
1d TAX ID #: SSN OR FIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of the control of the	one debtor name (2a or 2b) - do not abbreviate or com	bine names	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	N 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME 3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME	NOR S/P) - insert only <u>one</u> secured party name (3a or	3b)	
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS #20 SOUTH 20th States	A BIMAM	STATE POSTAL CODE 35395	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: 6cocoman Equipm Condensed Model #1		#050422467	

Goodman Equipment Condensel Model #CLJ42-1 Sellal #0504224620 Coll Model # CAPFOLOCZA Sellal #0504114244 FULNACE Model # EMSSOGO4BN Sellal #0505640580

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable] The state of t

UCC FINANCING STATE					
FOLLOW INSTRUCTIONS (front and beginning). NAME OF FIRST DEBTOR (1a or		TEMENT			
9a. ORGANIZATION'S NAME	ID) CIVILED I NVAIVOITO STA	L_ Y L_			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX			
10. MISCELLANEOUS:					
			THE ABOVE SPACE	S FOR FILING OFFICE U	JSEONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one na	ame (11a or 11b) - do not abbrev	viate or combine names		
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO		11f. JURISDICTION OF ORGAI	NIZATION 11g. ORG	ANIZATIONAL ID #, if any	NONE
12. ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)		
12a. ORGANIZATION'S NAME (10)	4/1/a d All	4			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	VAME	SUFFIX
12c/NAILING ADDRESS		CITY HOLDINA	STATE	POSTAL CODE 350	COUNTRY
13. This FINANCING STATEMENT/covers collateral, or is filed as a fixture filling of the collateral file. 14. Description of real estates. 15. April 16. Book 8 16. April 17. Book 8 16. April 17. Book 8 16. April 18.		16. Additional collateral descri	iption:		
15. Name and address of a RECORD OWN (if Debtor does not have a record interes		17. Check only if applicable ar		operty held in trust or	ecedent's Estate
		18. Check only if applicable and Debtor is a TRANSMITTING Filed in connection with a		— effective 30 years	ecedent's Estate