



## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Hagasco + 20th Street			
Di Duch Suren	2 = 3 =		
Lowningson, Al 35-	THE ABOVE SE	ACE IS FOR FILING OFFICE USE	ONI V
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a		ACE IS FOR FILING OFFICE USE	JNLT
1a. ORGANIZATION'S NAME			
16. INDIVIDUAL'S LAST NAME Knamer	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS  1d. TAXID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION	CITY  ON MANUAL  1f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE  19. ORGANIZATIONAL ID #, if any	COUNTRY
ORGANIZATION DEBTOR			NONE
2. ADDITIONAL בבי באורוטווער. כאור אויטווער אייט אראס אויטוויטוער. כאון אייט אראס אויטוויטער אייט אראס אויס אוי	lebtor name (2a or 2b) - do not abbreviate or combine	names	<u></u>
2a. ORGANIZATION'S NAME			
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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only <u>one</u> secured party name (3a or 3b)	· - · - · - · · · · · · · · · · · ·	
Wahama Gas Corworath			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS # Street	Birmingham	STATE POSTAL CODE 35295	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:			
Goodman outo	loor unit		
model #650			
Serial # 0700	6721988		
	2844.00	nout finance	el
			NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REA ESTATE RECORDS. Attach Addendum [if applica 8] OPTIONAL FILER REFERENCE DATA		on Debtor(s) All Debtors Deb	tor 1 Debtor 2

UCC FINANCING STATEMENT ADI				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED				
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAM	MIDDLE NAME, SUFFIX			
Kramer	ielh			
10. MISCELLANEOUS:				
		THE ABOVE SPACE	S FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM	IE - insert only <u>one</u> name (11a or 11b) - do not abbre	viate or combine names		
11a. ORGANIZATION'S NAME				
			<u></u>	
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
110, 170, 12 77	ORGANIZATION 11f. JURISDICTION OF ORGA	NIZATION 11g. ORG	ANIZATIONAL ID #, if an	у
ORGANIZATION DEBTOR				NONE
12. ADDITIONAL SECURED PARTY'S or AS	SSIGNOR S/P'S NAME - insert only one name	e (12a or 12b)		
12a. ORGANIZATION'S NAME				· · ·
FREEdom Weatin	a & Coolina			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. 104 542	Dessen	er m	25021	
13. This FINANCING STATEMENT covers timber to be cut of	as-extracted 16. Additional collateral descri	ription:	<u>-</u>	
collateral, or is filed as a fixture filing.				
14. Description of real estate:				
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on and	ral.			
Attadera Thoods	4			
Madera Invous				
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amended Plat				
Winner	, n			
recorded map Book	19			
illo with	100011			
tage 1	18 Sheller			
15. Name and address of a RECORD OWNER of above-describe	ed real estate			
(if Debtor does not have a record interest):				
	17 Observation	and shook only one have	· · · · · · · · · · · · · · · · · · ·	
	17. Check <u>only</u> if applicable a	ma cneck <u>only</u> one box. Trustee acting with respect to p	operty hold in truckF	Decedent's Estate
			operty nero in trust. Of	Decedent 2 Estate
	18. Check <u>only</u> if applicable a			
	Debtor is a TRANSMITTIN		affaatius 20	
		Manufactured-Home Transaction		
	II I Filed in connection with a	Public-Finance Transaction — e	necuve ou years	