Debtor(s) (Last Name First) and address(es)

Medical Accessories Supply Headquarters
1130 First St.
Alabaster, AL 35007

2 Secured Party(ies) and address(es)

LeaseAmerica Corporation
4333 Edgewood Rd. NE
Cedar Rapids, IA 52499

Rt. #22829

For Filing Officer (Date, Time, Number, and Filing Office)

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
93 JUN 22 PM 2:55
JUDGE OF PROBATE

024479

3 This financing statement covers the following types (or items) of property:

"All goods and inventory, including without limitation construction, industrial, medical and office machinery and equipment together with all substitutions, accessions, products, proceeds and proceeds of insurance policies on foregoing either heretofore, now or from the time hereafter aquired by the lessee prusuant to the Redi-lease Master Lease Agreement #029-71165-60 and may be executed between Lessee and LeaseAmerica Corporation."

4 Assignee(s) of Secured Party and Assignee(s) address(es)

5 Complete only when filing with Judge of Probate:

The initial indebtedness secured by this financing statement is $ 9,100.00

Mortgage tax due (15¢ per $100.00 or fraction thereof) $ 13.65 + 3.00 = 26.65

This statement is filed without the debtor's signature to perfect a security interest in collate[ral] (check [X] if so)
- [ ] already subject to a security interest in another jurisdiction when it was brought i[nto] this state.
- [ ] which is proceeds of the original collateral described above in which a security int[erest] was perfected.

Check [X] if covered [ ] Proceeds of Collateral are also covered. [ ] Products of Collateral are covered. No. of additional Sheets presented:

Filed with:

Medical Accessories Supply Headquarters
Greg Horn

Signature(s) of Debtor(s)

LeaseAmerica Corporation

Signature(s) of Secured Party(ies)

(1) FILING OFFICER COPY—ALPHABETICAL