

1. Debtor(s) (Last Name First) and address(es) LESSEE Medical Accessories Supply Head- quarters, Inc. 1130 First Street Alabaster, AL 35007	2. Secured Party and address(es) LESSOR LeaseAmerica Corporation 4333 Edgewood Rd NE Cedar Rapids, IA 52499 Rt. #25105	3. Filing Officer (Date, Time, No., and Filing Office) STATE OF ALA. SHELBY CO. I CERTIFY THIS INSTRUMENT WAS FILED 90 JUL 26 PM 4:04
4. <input type="checkbox"/> Debtor is a utility.		
5. This financing statement covers the following types (or items) of property: "All goods, and inventory, including without limi- tation, construction, industrial, medical and office machinery and equipment together with all substitutions, accessions, products, proceeds and proceeds of insurance policies of the foregoing either heretofore, now or from the time hereafter acquired by the Lessee pursuant to the Redi-lease Master Lease Agreement #029-71165-61 and nay and all leases and obli- gations which hereafter may be executed between Lessee and LeaseAmerica Corporation."		
6. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ <u>3,800.00</u> Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>5.70 + 13.00 = 18.70</u>		7. <input type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5).
8. Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		No. of additional sheets presented _____
9. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.		
Filed with: <u>Medical Accessories Supply</u> <u>Headquarters, Inc.</u>		
X <u>August L. Han as Pres.</u> Signature(s) of Debtor(s)		<u>Kimberley B. Surf</u> Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature-see Box 9)

(1) FILING OFFICER COPY-ALPHABETICAL

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