1. No. of additional sheets			State Billing Account No.	For Filing Officer (Date, Time, Number, and Filing Office)
01				**DO NOT WRITE IN THIS SPACE**

2. Debtor(s) Last name first, address(es) Soc. Sec. No. — Tax I.D. No.	3. Secured Party(ies) and address(es)
Alabama Ultrasonic Blind Cleaning,dba Shine-A-Blind P.O. Box 921 Bessimer, AL 35021 1272 Hwy.52, Maylene, AL	Supersonics, Inc. 31201 Chicago Road South, Suite B-101 Warren, MI 48093
4. Name and address(es) of assignee(s) (if any)	CHECK ☒ if applicable 5. ☐ Products of collateral are also covered. 6. ☐ Collateral was brought into this state subject to a security interest in another jurisdiction.

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
1997 10 AM 11
JUDGE OF PROBATE

0295588

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

1) New 8' SUPERSONIC I Ultrasonic Blind Cleaning Machine
Secured interest $5,900

8.85 + 13.00 + 2.00 + 1.00 = 24.85

Denise B. Owens
Doris W. Nerud
Signature(s) of Debtor(s)

by:
(Signature of Secured Party or Assignee of Record)

Secretary of State Copy

RIEGLE PRESS, FLINT, MICH.

Page 2

Debtor(s)

Alabama Ultrasonic Cleaning, dba Shine-A-Blind Federal ID# [redacted]
Denise Owens Social Security # [redacted]
Doris Nerud Social Security # [redacted]