☐ The Debtor is a transmitting utility  as defined in ALA CODE 7-9-105(n).  No. of Additional Sheets Presented:		This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to	, <u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
National Filing 2 Corporate Plac 1501 42nd Street West Des Moines	e Suite 100		
Pre-paid Acct. #		<b></b>	
Name and Address of Debtor	(Last Name First if a Person)		
SCHENCKER, STEVEN 7911 HWY 55			# <b>#</b> ₹ <b>66</b>
WILSONVILLE AL 35186			
			* 319
Social Security/Tax ID #	NY) (Last Nama First if a Person)		
A. Name and Address of Debtor (IF A	(Lagringing 1)		
Carial Consults (Tay ID #		FILED WITH:	· · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #			
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF	ANY) (Last Name First if a Person)
POBOX 65090  WEST DES MOINES I Social Security/Tax iD #  Additional secured parties on attached UCC-E		08876	
5. This statement refers to original Financing Statement bearing File No		Date Filed 5-19-92 19	
6. Continuation. The original financing statem 7. Termination. Secured Party no longer clair 8. Partial or The Secured Party's right under property described in item 11 Assignment. Whose name and address ap 9. Amendment Financing statement bearing	ms a security interest under the financing state der the financing statement bearing file numbe or to all of the property listed on this file, is as	or shown above to the signed to the assignee orth in item 11.	13649
PLEASE CHANGE	DEBTORS ADDRESS TO:	2001 AUTRY LANE CHELSEA AL 35043	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
	•		
Check X if covered: Products of Collateral a	ure also covered.	Signature(\$) of Secured Party(ies)	edit Dic Erneng
Signature(s) of Debtor(s) (necessary only if it	em 9 is applicable)	Signature(s) of Secured Partyles)	
Type Name of Individual or Business		Type Name of Individual or Business	— UNIFORM COMMERCIAL CODE — FORM UCC-3
	FILING OFFICER COPY-ACKNOWLEDGEMENT FILE COPY - SECURED	(5) FILE COPY DEBTOR(S)  STANDARD FORM Appro	oved by The Secretary of State of Alabama

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