

Shelby County

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1

REORDER FROM
Registre, Inc.
514 PIERCE ST.
ANOKA, MN 55303
(612) 421-1713

INSTRUCTIONS:

1. PLEASE TYPE this form. Fold only along perforation for mailing.
2. Remove Secured Party and Debtor copies and send other 3 copies with interleaved carbon paper to the filing officer. Enclose filing fee.
3. If the space provided for any item(s) on the form is inadequate the item(s) should be continued on additional sheets, preferably 5" x 8" or 8" x 10". Only one copy of such additional sheets need be presented to the filing officer with a set of three copies of the financing statement. Long schedules of collateral, indentures, etc., may be on any size paper that is convenient for the secured party. Indicate the number of additional sheets attached.
4. If collateral is crops or goods which are or are to become fixtures, describe generally the real estate and give name of record owner.
5. When a copy of the security agreement is used as a financing statement, it is requested that it be accompanied by a completed but unsigned set of these forms, without extra fee.
6. At the time of original filing, filing officer should return third copy as an acknowledgement. At a later time, secured party may date and sign Termination Legend and use third copy as a Termination Statement.

This FINANCING STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:

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

Shelby Medical Center
1000 First Street, North
Alabaster, Alabama 35007

2. Secured Party(ies) and address(es)

Miles Inc.
511 Benedict Avenue
Tarrytown, New York 10591

3. Maturity date (month/year)

For Filing Officer Date, Time, and Filing Office

Tax ID/Social Security No. [REDACTED]

Tax ID/Social Security No.

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

ONE EACH TECHNICON IMMUNO 1 SYSTEM COMPLETE WITH
DIRECT-TUBE SAMPLER

5. Assignee(s) of Secured Party and Address(es)

Maximum amount of indebtedness for Alabama mortgage tax
is \$85,000.00

This statement is filed without the debtor's signature to perfect a security interest in collateral. (check ☒ if so)

Filed with:

- ☐ already subject to a security interest in another jurisdiction when it was brought into this state.
☐ which is proceeds of the original collateral described above in which a security interest was perfected:

Check ☒ if covered: ☐ Proceeds of Collateral are also covered. ☐ Products of Collateral are also covered. No. of additional Sheets presented: 0

Shelby Medical Center

Janice Gill, Controller

Miles Inc.

Patrieta P. McCann, Sr. Order/Contract

By: James G. Gill Signature(s) of Debtor(s) 1/13/95

By: Patrieta P. McCann Signature(s) of Secured Party(ies) Specialist

(1) Filing Officer Copy - Alphabetical

STANDARD FORM - FORM UCC-1.

Inst # 1995-04498
02/22/1995-04498
09:19 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCD 144.58

MS