MASTERGUARD REGION OFFICE	
P O BOX 885 COLUMBUS GA 31902-0885	
. COLUMBUS GA SISUZ-UOOS	
Pre-paid Acct. #	
2. Name and Address of Debtor (Last Name First if a Person)	
HAEFNER, DONALD LEE	
6233 HWY 16	
MONTEVALLO AL 35115	
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Social Şecurity/Tax (D #	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	<u> </u>
	型 - 最重要
HAEFNER, JAN	
6233 HWY 16	T (0 0 ≥ 8
MONTEVALLO AL 35115	1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
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)
MASTERGUARD REGION OFFICE	
P O BOX 885	
COLUMBUS GA 31902-0885	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5. The Financing Statement Covers the Following Types (or items) of Property:	<u> </u>
3 HEAT DETECTORS	
3 380T SMOKE DETECTORS	
1 DRY CHEMICAL FX 2½1b	SA. Enter Code(s) From Back of Form That
1 FIRE LADDER	Best Describes The Collateral Covered
•	By This Filing:
	<u>300</u>
	-
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• •	
Check X if covered: Products of Collateral are also covered.	
This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ 2362.68
already subject to a security interest in another jurisdiction when it was brought into this state.	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$
already subject to a security interest in another jurisdiction when debtor's location changed to this state.	8. This financing statement covers timber to be cut, crops, or fixtures and is to be cross
which is proceeds of the original collateral described above in which a security interest is perfected.	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)
acquired after a change of name, identity or corporate structure of debtor	Signature(s) of Secured Party(ies)
as to which the filing has lapsed.	(Required only if filed without debtor's Signature — see Box 6)
Oleman and the second s	X/M-SUM
Signature(s) of Debtor(s)	TOHN STILLED COLLEGE AND
Signature(s) of Debtor(s)	JOHN SLUDER COLLECTIONS MANAGER Signature(s) of Secured Party(les) or Assignee
Type Name of Individual or Business	Type Name of Individual or Business
· / - · · - · · - · · · · · · · · · · ·	- The common de section de manifesta
1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT 2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1 (5) FILE COPY DESTOR(S) Approved by The Secretary of State of Alabama

filing pursuant to the Uniform Commercial Code.

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

as defined in .A CODE 7-9-105(n).

1. Return copy recorded original to:

Sheets Presented.