## , STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

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THE MANIFEST GR	OUP			
100 EAST SARATO	GA			
MARSHALL MN 562	58			
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2. Name and Address of Debter	(Last Name First if a Person)		<b>9</b>	4 F P F
SCOTTS JEWELRY & PAW	INI TINIC		**	
873 1st STREET N.	шт, шт		Ò	
ALABASIER AL 35007	•		<b>ው</b>	
THE PROPERTY AND SOCIAL			-1	
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Social Security/Tex ID #	· .		ا د	े (U) <b>क</b> केंद्र
	ANY) (Last Name First if a Person)	<b>[</b>		Ö
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Social Security/Tax ID #		FILED WITH:	<del></del>	
☐ Additional debtors on attached UCC-E	•	·		<u> </u>
3. NAME AND ADDRESS OF SECURED PARTY	) (Lest Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
THE MANIFEST GROUP				
100 EAST SARATOGA				
MARSHALL MN 56258				
Social Security/Tax ID #	<u></u>	-		
Additional secured parties on attached UCC-E		<u> </u>		<u>.                                    </u>
5. The Financing Statement Covers the Following	Types (or items) of Property:			
•				
ETYTTER FILING: LEG	AL LAND OWNER SCOTTS J	JEWELRY	5	A. Enter Code(s) From
LEG	AL LAND DESCRIPTION AT	TACHED	,	Back of Form That Best Describes The
		•		Collateral Covered By This Filling:
	18/98			
Country				
	. :			
Check X if covered: Products of Collaboral	· · · · · · · · · · · · · · · · · · ·	7. Complete only when filing with the Judge of	Probate:	
6. This statement is filed without the debtor's signs (check X, if so)		The initial indebtedness secured by this fine	ncing statement i	s \$
already subject to a security interest in another already subject to a security interest in another	jurisdiction when it was brought into this state.  r jurisdiction when debter's location changed	Mortgage tax due (15¢ per \$100.00 or fraction	-	futures and in to be cross
to this state.  Which is proceeds of the original colleteral des	:	8. This financing statement covers timber to indexed in the real estate mortgage records	(Describe real es	tate and it debtor does not have
perfected.  acquired after a change of name, identity or co		an interest of record, give name of record of Signature(s) of	Secured Party(ie	
as to which the filling has lapsed.		(Required only if filed without	debtor's Signatu	re — see Box 6)
	•			
Signature(s) of Debtor(s)	1011	Signature(s) of Secured Party(ies) or		11-

REGENA WALLISTE APPORTEY INFACT FOR DEBTER (1) FILING OFFICER COPY - ALPHABETICAL (2) FILING OFFICER COPY - NUMERICAL

Signature(s) of Debtor(s)

(S) FILING OFFICER COPY-ACKNOWLEDGEMENT (4) FILE COPY - SECURED

Signature(s) of Secured Party(ies) or Assignee

Type Name of Individual or Business STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-1 Approved by The Secretary of State of Alabama

THE MANIFEST GROUP

9000 SW 87<sup>th</sup> Court Suite #219
Midmi, R. 33176
[365] 275-2561 [800] 700-0657
Fox #1305] 275-2582

Fox #1305 275-2582

From: ARJUN Page

From:	ARJUN	Date:	September 1	
Re:	SCOTT'S JEWELRY	rages: 1		
CC				
1				
□Uig	ent 🔲 For Review	☐ Please Comment ☐	Please Reply	☐ Please Recycle
	11111			

Notes:

Good morning,

Here's the legal description as needed. Please fax a notice of funding when wordene

is Beginning 450 SALG West Right-of Way 165 from South Right of Way Ne 100 And East to Railroad Right of Way Ne 100 And East to the point of beginning. Parcel ID# 137351001023000. Dimensions 100 x80'.

Thanks.

Leser in biene Di Arju-

refer to the Lessor. Every attempt has bee	a mode to eliminate (	wahicing language ar	ul create a cimple, es	ev-to-read document	n est
CUSTOMER INFORMATION	at thate to citiminate (	Williams sauguage as	u create a simple, ce	sy-to-read docum	<u> </u>
SCOTT'S JEWELRY & PAWN	INC				
FULL LEGAL NAME OF CUSTOMER	7 110.	D/B/A		ınv 13 199	
	ALABASTER	AL	35007	101	<u></u> 🛱
STREET ADDRESS	CITY	STATE	ZIP	PHONE	4 H H
BILLING NAME (IF DIFFERENT FROM ABOVE)	·	BILLING STREET	ADDRESS	4	<b>予算を</b> * 15 m 15
CITY	STATE	ZIP	PHON	IE \	
EQUIPMENT LOCATION (IF DIFFERENT FROM	ABOVE)			<u> </u>	
SUPPLIER INFORMATION					T S S
HI-TECH ELECTRONIC SIG	N COMPANY	13900 U.	- · <del>-</del>	•	\ 1) B
NAME OF SUPPLIER  CLEARWATER	FL	STREET ADD 33764	KESS	قبد الخا	San Ca
	STATE	ZIP	PHONE		<del></del>
					<del></del>
QUANTITY ITEM DESCRIPTION		CIN	MODEL NO.	SERIAL	
(1) 24 X 96 PIX BLAZER (44"	EL STANDARD X 142" X 5"	SUN	· · · · · · · · · · · · · · · · · · ·	· ·	
	1430 & 11431	) DOUBLE		-	
		<u> </u>	• • • • • • • • • • • • • • • • • • • •		
RENTAL TERMS	RENTAL PAYN	MENT AMOUNT	SEC	URITY DEPOSI	T
Term in months		s 699.52		<u> </u>	<u></u>
50 (MOS.) (VCV)			<b>\$</b> 1510.96	Received	
Rent Commencement Date: 1710 / 10	Rental Payment Period is	Unless			
END OF LEASE OPTIONS: You will have the following option	Otherwise Indicated	neverided the leave has not term	noted early and no event of de	fault under the lesse has	
occurred and is continuing. THE EQUIPMENT SHALL BE SO					e Customer's choice.
		* ***	<b>5 5 1 1 1</b>		
Initial 1. Purchase the equipment for fair revalue plus any applicable taxes OR renew the lease per		Initial	Z. Purchase the eq of the equipment as paid !	suipment for 10% of the	
OR return the equipment per paragraph 6.	haragraphi i	· •	ixes OR renew the lease po	• -	n the
	•	edarbaseur b	er paragraph 6.		
THIS IS A NONCANCELAR	LE/IRREVOCABLE LE		<u> </u>	OR TERMINATED.	
	<del>**</del>	ASE, THIS LEASE CAN	OT BE CANCELLED	11.11	
THIS IS A NONCANCELAR TERMS AND CONDITIONS THIS LEASE AG 1. LEASE AGREEMENT: You agree to lease from u	REEMENT CONTAINS PROVISION	ASE, THIS LEASE CAND	SE SIDE, ALL OF WHICH ARE	MADE PART OF THIS LEAS	
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Agreement Number

Federal Tax ID #\_

EQUIPMENT LEASE AGREEMENT