	Sheets Presented:	filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to:	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
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VENDOR CAPITAL GE 4191 FAYETTEVILLE		
RALEIGH, NC 27603	NOAD	Y:
ichimicali, ito 27005		
Pre-paid Acct. #	(Last Name First if a Person)	
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BIRMINGHAM HOSPI	TALITY CORPORATION	
113 BAYBRIDGE DRIV	VE	
GULF BREEZE, FL 32	561	0 H & 8
Social Security/Tax ID #		
Name and Address of Debtor (IF A	ANY) (Last Name First if a Person)	
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		44
Social Security/Tax (D #		FILED WITH:
Additional debtors on attached UCC-E		
NAME AND ADDRESS OF SECURED PARTY		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
VENDOR CAPITAL GE		
4191 FAYETTEVILLE	ROAD	
RALEIGH, NC 27603		
Social Security/Tax (D #		
Social Security/Tax tD #Additional secured parties on attached UCC-F		
Additional secured parties on attached UCC-E		
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