



OW INSTRUCTIONS (front and back) CAREFULLY  AME & PHONE OF CONTACT AT FILER [optional]  Aike T. Atchison, Attorney 20  END ACKNOWLEDGMENT TO: (Name and Address)  Shirley Singleton	05-669-9268			
		OVE SDACE IS EQ	R FILING OFFICE US	E ON! Y
EBTOR'S EXACT FULL LEGAL NAME - insert only one de			K FILING OFFICE 03	
1a. ORGANIZATION'S NAME	entor name (Ta or Tb) - do not appreviate or combine name		<u>.                                    </u>	
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	_	SUFFIX
McKinney	Sean	A.L. STATE	Len Postal code	COUNTRY
MAILING ADDRESS			251/2	
1110 0 . 100	i Chalber	IA I	1 7 1 1 7 1 7	•
1110 County Road 99  AX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORG	Shelby SANIZATION 1f. JURISDICTION OF ORGANIZATION	AI. 1g. ORG	35143 ANIZATIONAL ID #, if any	<u>, , , , , , , , , , , , , , , , , , , </u>
AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG ORGANIZATION			المستقدات المستق	NON
AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG ORGANIZATION DEBTOR	ANIZATION 1f. JURISDICTION OF ORGANIZATION	1g. ORG	المستقدات المستق	
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AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME	If. JURISDICTION OF ORGANIZATION  Insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate	1g. ORG	ANIZATIONAL ID#, if any	
AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -	ANIZATION 1f. JURISDICTION OF ORGANIZATION	or combine names	ANIZATIONAL ID#, if any	NON
ADD'L INFO RE 1e. TYPE OF ORGORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME	If. JURISDICTION OF ORGANIZATION  Insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate	or combine names	ANIZATIONAL ID#, if any	NON
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AX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS	insert only one debtor name (2a or 2b) - do not abbreviate of FIRST NAME  CITY	or combine names  MIDDLE  STATE	NAME  POSTAL CODE	SUFFIX
AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION DEBTOR   1e. TYPE OF ORGANIZATION DEBTOR   1e. TYPE OF ORGANIZATION DEBTOR   2a. ORGANIZATION'S NAME   2b. INDIVIDUAL'S LAST NAME   2b. INDIVIDUAL'S LAST NAME   2c. TYPE OF ORGANIZATION DEBTOR   2c. TYPE OF ORGANIZATION DEBTOR	insert only one debtor name (2a or 2b) - do not abbreviate of FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION	or combine names  MIDDLE  STATE  N 2g. ORG	NAME  POSTAL CODE	SUFFIX
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AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNE 3a. ORGANIZATION'S NAME	insert only one debtor name (2a or 2b) - do not abbreviate of FIRST NAME  CITY  GANIZATION 2f. JURISDICTION OF ORGANIZATION  EE of ASSIGNOR S/P) - insert only one secured party name	or combine names  MIDDLE  STATE  1 2g. ORG  e (3a or 3b)	NAME  POSTAL CODE  ANIZATIONAL ID#, if any	SUFFIX
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NON-UCC FILING AG. LIEN SELLER/BUYER BAILEE/BAILOR CONSIGNEE/CONSIGNOR 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [If applicable] [ADDITIONAL FEE] [optional] All Debtors \_\_Debtor 2\_ Deptor 1 8. OPTIONAL FILER REFERENCE DATA

Office of Shelby County, Alabama.