



FOLLOW INSTRUCTIONS	(front and back) CAREFULLY					
	NTACT AT FILER [optional]					
B. SEND ACKNOWLEDGM	ENT TO: (Name and Address)					
	LIVI IV. (IVARIS AND ADDIESS)					
CACTICODE	NT CODDOD A DYON					
	DIT CORPORATION					
	MAWR SUITE 300					
CHICAGO IL 6	00031					
L						
1 DEBTOR'S EXACT FULL	LIEGAL NAME investigations debter was 4	I HE ABOVE	SPACE IS F	OR FILING OFFICE U	SE ONLY	
1a. ORGANIZATION'S NAM	L LEGAL NAME - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names	······································			
OR 16. INDIVIDUAL'S LAST NA	ME	FIRST NAME				
SPENCE			MIDDLE	NAME	SUFFIX	
c. MAILING ADDRESS		JIM		,		
		CITY	STATE	POSTAL CODE	COUNTRY	
130 ROBERTS ST		MONTEVALLO	AL	35115		
			AL			
	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		SANIZATIONAL ID #, if any		
	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR					
	ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG			
	ORGANIZATION DEBTOR EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION	1g. ORG			
2. ADDITIONAL DEBTOR'S 2a. ORGANIZATION'S NAM	ORGANIZATION DEBTOR EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION	1g. ORG			
2a. ORGANIZATION'S NAM	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	NON	
2. ADDITIONAL DEBTOR'S 2a. ORGANIZATION'S NAM	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	1g. ORC	SANIZATIONAL ID #, if any		
2a. ORGANIZATION'S NAM OR 2b. INDIVIDUAL'S LAST NA	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	1g. ORC	SANIZATIONAL ID #, if any	SUFFIX	
2. ADDITIONAL DEBTOR'S 2a. ORGANIZATION'S NAM	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	1g. ORC	SANIZATIONAL ID #, if any	NON	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA 2c. MAILING ADDRESS	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one E	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY	and and services of the names of the state o	POSTAL CODE	SUFFIX	
2a. ORGANIZATION'S NAM OR 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR B EXACT FULL LEGAL NAME - insert only one E ME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	and and services of the names of the state o	SANIZATIONAL ID #, if any	SUFFIX	
2a. ORGANIZATION'S NAM OR 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one E ME ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	oine names MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one E ME ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	oine names MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN 3a. ORGANIZATION'S NAMI	ORGANIZATION DEBTOR B EXACT FULL LEGAL NAME - insert only one E ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNORE)	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	oine names MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN 3a. ORGANIZATION'S NAMI CASTLE CREDIT	ORGANIZATION DEBTOR SEXACT FULL LEGAL NAME - insert only one E ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR E CORPORATION	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	oine names MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN 3a. ORGANIZATION'S NAMI CASTLE CREDIT	ORGANIZATION DEBTOR SEXACT FULL LEGAL NAME - insert only one E ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR E CORPORATION	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	oine names MIDDLE STATE 2g. ORG	E NAME POSTAL CODE BANIZATIONAL ID #, if any	SUFFIX	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA c. MAILING ADDRESS d. TAX ID #: SSN OR EIN 3a. ORGANIZATION'S NAMI CASTLE CREDIT 3b. INDIVIDUAL'S LAST NAI	ORGANIZATION DEBTOR SEXACT FULL LEGAL NAME - insert only one E ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR E CORPORATION	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3	1g. ORC Dine names MIDDLE 2g. ORC 3b)	E NAME POSTAL CODE BANIZATIONAL ID #, if any	SUFFIX COUNTRY	
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN 3a. ORGANIZATION'S NAMI	ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one E ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR E CORPORATION ME	1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3	1g. ORC Dine names MIDDLE 2g. ORC 3b)	E NAME POSTAL CODE BANIZATIONAL ID #, if any	SUFFIX COUNTRY	

MODEL 30179 - S/N 400072
INSTALLED AT 130 ROBERTS ST, MONTEVALLO, AL
SHELBY COUNTY
THE ORIGINAL INDEBTEDNESS SECURED BY THIS FINANCING STATEMENT IS \$4105
TAX DUE 6.30
CROSS INDEX
FIXTURE FILING

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPOR ESTATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] 8. OPTIONAL FILER REFERENCE DATA	T(S) on Debtor(s) optional		Debtor 1 Debtor 2
0CA992			