



All Debtors Debtor 1 Debtor 2

	(front and back) CAREFULLY NTACT AT FILER [optional]				
SEND ACKNOWLEDGM	IENT TO: (Name and Address)				
	DIT CORPORATION I MAWR SUITE 300 60631				
DEBTOR'S EXACT FU	LL LEGAL NAME - insert only <u>one</u> debtor name (1		SPACE IS FO	OR FILING OFFICE US	SEONLY
15. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
MORGAN  MAILING ADDRESS		PATRICIA	STATE	POSTAL CODE	COUNTRY
3 OLD TOWN LAI	NE	ALABASTER	AL	35007	COOMIN
TAX ID #: SSN OR EIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	No
<u> </u>		e debtor name (2a or 2b) - do not abbreviate <i>o</i> r comb	ine names		
2a. ORGANIZATION'S NAM	ИE				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
MORGAN		RICHARD			
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
633 OLD TOWN I	LANE	ALABASTER	AL	35007	
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		N
SECURED PARTY'S 1  3a. ORGANIZATION'S NAM	***************************************	OR S/P) - insert only <u>one</u> secured party name (3a or 3	3b)		
1	T CORPORATION				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
MAILING ADDRESS  8420 W BRYN MA	AWD CHITE 200	CHICAGO	STATE	POSTAL CODE	COUNTRY
		CITCAGO	11_	100031	
	NT covers the following collateral:  MENT SYSTEM  1901/18709/30215/65004 - S/N 466		1070		

8. OPTIONAL FILER REFERENCE DATA

0CF529