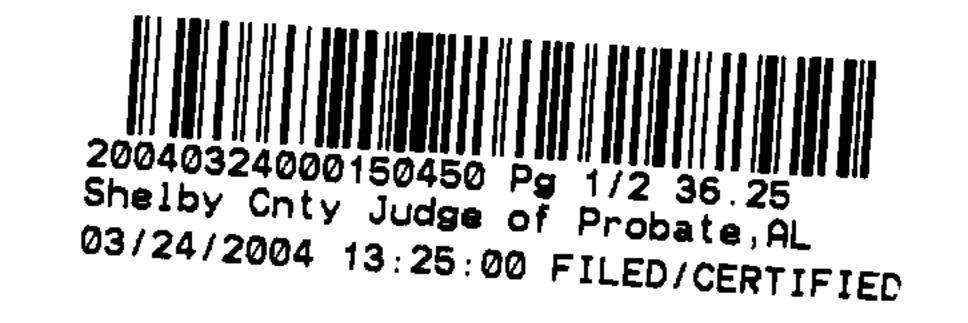
			-	-		.	
					-	_	
			_				
 		_		 _			



A. NAME & PHONE OF CONT	ont and back) CAREFULLY ACT AT FILER [optional]				
B. SEND ACKNOWLEDGMEN	IT TO: (Name and Address)				
					
		} }			
L					
DEBTOR'S EXACT FULL	EGAL NAME income and and a debter and a debt	THE ABOVE	SPACE IS FO	OR FILING OFFICE US	SEONLY
1a. ORGANIZATION'S NAME	LEGAL NAME - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names			
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	- Lucol C	<u> </u>	· · · · · · · · · · · · · · · · · · ·
SAWYERS		FREDDIE	EUGENE		SUFFIX
c. MAILING ADDRESS		CITY		<u>.</u>	
112 KENTWOOD WA	Y		STATE		COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		ALABASTER	AL	35007	US
		1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
. ADDITIONAL DEBTOR'S E	XACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or comb	bine names		NON
2a. ORGANIZATION'S NAME				· <u> </u>	<u> </u>
)R				MIDDLE NAME	
20. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2b. INDIVIDUAL'S LAST NAME SAWYERS		FIRST NAME DORIS	MIDDLE E	NAME	SUFFIX
SAWYERS			E	POSTAL CODE	
		DORIS	E	POSTAL CODE	COUNTRY
SAWYERS c. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN AD	Y D'L INFO RE 2e. TYPE OF ORGANIZATION	DORIS	E STATE AL	POSTAL CODE 35007	COUNTRY
SAWYERS c. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN ADE OR	Y	DORIS CITY ALABASTER	E STATE AL	POSTAL CODE	COUNTRY
SAWYERS C. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN ADDRESS OR DEI	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION	E STATE AL 2g. ORG	POSTAL CODE 35007	COUNTRY
SAWYERS c. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN ADER OR DE	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION	E STATE AL 2g. ORG	POSTAL CODE 35007	COUNTRY
SAWYERS c. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN OR DEI SECURED PARTY'S NAM 3a. ORGANIZATION'S NAME ALABAMA POWE	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR ME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION	E STATE AL 2g. ORG	POSTAL CODE 35007	COUNTRY US
SAWYERS c. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN OR DEI OR DEI SECURED PARTY'S NAME 3a. ORGANIZATION'S NAME	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR ME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION	E STATE AL 2g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY US
SAWYERS C. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN OR DEI SECURED PARTY'S NAM 3a. ORGANIZATION'S NAME ALABAMA POWE	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR ME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3)	E STATE AL 2g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY US
SAWYERS C. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN OR DEI SECURED PARTY'S NAM 3a. ORGANIZATION'S NAME ALABAMA POWE	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR ME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3) FIRST NAME	E STATE AL 2g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY US
SAWYERS C. MAILING ADDRESS 112 KENTWOOD WA d. TAX ID #: SSN OR EIN ADDRESS OR DEI SECURED PARTY'S NAME ALABAMA POWE 3b. INDIVIDUAL'S LAST NAME	Y D'L INFO RE 2e. TYPE OF ORGANIZATION GANIZATION BTOR ME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	DORIS CITY ALABASTER 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3)	E STATE AL 2g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY US

THE FOLLOWING HEAT PUMP, WHICH WAS INSTALLED AT THE RESIDENCE LOCATED ON THE PROPERTY DESCRIBED IN ITEM 14 OF THIS FINANCING STATEMENT:

BRAND: TRANE

M# 2TWR2024A1000AB S# 40916344F M# TWE024C140B0 S# 3391NGJ1V M# BAYHTR1405000A S# 2501LGJBD

\$5,500.00

	-4.	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON LICCELLING
6. This FINANCING STATEMENT is to be filed [or record] (or recorded) in th		UEST SEARCH REPOR		AG. LIEN	NON-UCC FILING
LIESTATE RECORDS. Attach Addendum		applicable] [ADDITIONAL		[optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	' '					- COLOT E

		EMENTADDENDUM Pack) CAREFULLY					
والتراسية والتراسية	OLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT						
	RGANIZATION'S NAME						
OR							
9b. IN	DIVIDUAL'S LAST NAME WYERS	FIRST NAME FREDDIE	MIDDLE NAME, SUFFIX EUGENE				
10. MISCE	LLANEOUS:						
				THE ABOVE	CDACE I	IS FOR FILING OFFI	CE HQE ONI V
11 ADDIT	FIGNIAL DEPTOPIS CYACT	FELLIL LECAL NAME investment				13 FOR FILING OFFI	CE USE CIVET
	RGANIZATION'S NAME	FULL LEGAL NAME - insert only one na	ime (11a or 11b) - do not abbrev	iate or combine name:	<u> </u>		
OR 11b. IN	IDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILIN	NG ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX IE) #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR	1	11f. JURISDICTION OF ORGAN	NIZATION	11g. ORG	ANIZATIONAL ID #, if a	ny NONE
	DDITIONAL SECURED PA PRGANIZATION'S NAME	RTY'S or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
OR 12b II	NDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NIANT	LOUISEUX
120.11	ADIAIDOVE O EVOT IAVIAIC		FIRST WAIVIE		MIDDLE	NAME	SUFFIX
12c. MAILIN	NG ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14. Descrip	NANCING STATEMENT covers ral, or is filed as a fixture filing prior of real estate: and address of a RECORD OWN of the record interests.	IER of above-described real estate	16. Additional collateral descri				
			17. Check only if applicable and Debtor is a Trust or 18. Check only if applicable and 18. Check only if applicable and 18.	Trustee acting with re	spect to p	roperty held in trust or	Decedent's Estate
			Debtor is a TRANSMITTING				
			Filed in connection with a				
			Filed in connection with a	Public-Finance Transa	iction — e	ffective 30 years	