MANCING STATEMENT

20050217000077880 Pg 1/2 29.50 Shelby Cnty Judge of Probate, AL 02/17/2005 12:26:00 FILED/CERTIFIED

## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALA GASCO

#20 South 20th Street

B'ham, AC 35295

| 13/1AM, 190 3525   | THE ABOVE  | SPACE IS FOR FILING OFFICE U    | SE ONLY           |
|--|--|---------------------------------|-------------------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a  |  |                                 |                   |
| 1a. ORGANIZATION'S NAME  |  |                                 |                   |
| 1b. INDIVIDUAL'S LAST NAME   | FIRST NAME  FIRST NAME   | MIDDLE NAME                     | SUFFIX            |
| 1c. MAILING ADDRESS  1c. MAILI | Helena   | STATE POSTAL CODE  AC 35080     | COUNTRY           |
| 1d. TAX ID #: SSN OR EIN ADD'L INFOREC 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  | 1f. JURISDICTION OF ORGANIZATION   | 1g. ORGANIZATIONAL ID #, if any | y NONE            |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME  | debtor name (2a or 2b) - do not abbreviate or comb   | oine names                      |                   |
| OR 2b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME                     | SUFFIX            |
| 2c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE               | COUNTRY           |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  | 2f. JURISDICTION OF ORGANIZATION   | 2g. ORGANIZATIONAL ID #, if an  | y NONE            |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  OR  3b. INDIVIDUAL'S LAST NAME  | S/P) - insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - Insert only <u>one</u> secured party name (3a or S/P) - | MIDDLE NAME                     | SUFFIX            |
| 3c. MAILING ADDRESS HOO SOUTH ZOTH Street  | CITY BIAM  | STATE POSTAL CODE  A1 3527      | COUNTRY           |
| 4. This FINANCING STATEMENT covers the following collateral:  GOODMAN Equipm  Equipm  Equipm  Model # 67   | nent 10 :  | See/ 3 70<br>#100               |                   |
|  | 079402   | THAT A                          |                   |
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONS   | 19090000000000000000000000000000000000   | SELLER/BUYER AG. LIEN           | NON-UCC FILING    |
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum  8. OPTIONAL FILER REFERENCE DATA  | AL 7. Check to REQUEST SEARCH REPO   | [optional] All Debtors          | Debtor 1 Debtor 2 |

| FOLLOW INSTRUCTIONS (front and back   | <del>-</del>                            |  |                              |              |                                       |                 |
|---|---|--|------------------------------|--------------|---------------------------------------|-----------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b)  |   | ATEMENT  |                              |              |                                       |                 |
| 9a. ORGANIZATION'S NAME   |   |  |                              |              |                                       |                 |
| OR  |   |  |                              |              |                                       |                 |
| 96. INDIVIDUAL'S LAST NAME  | FIRST NAME                              | MIDDLE NAME, SUFFIX                            |                              |              |                                       |                 |
| 10. MISCELLANEOUS:  |   |  |                              |              |                                       |                 |
|   |   |  |                              |              |                                       |                 |
| 11 ADDITIONAL DEDTODIC EVACE EL   |   |  | 181.19                       |              | S FOR FILING OFFICE                   | USE ONLY        |
| 11. ADDITIONAL DEBTOR'S EXACT FU  | JLL LEGAL NAME - insert only <u>one</u> | name (11a or 11b) - do not abbrev              | iate or combine name         | s            | <u> </u>                              | <u> </u>        |
| OR 11b. INDIVIDUAL'S LAST NAME  |   | CIDOT NAME                                     | <u>.</u>                     | T. 41        |                                       |                 |
| TID. INDIVIDUAL S LAST NAME   |   | FIRST NAME                                     |                              | MIDDLE       | NAME                                  | SUFFIX          |
| 11c. MAILING ADDRESS  |   | CITY   |                              | STATE        | POSTAL CODE                           | COUNTRY         |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR   |   | 11f. JURISDICTION OF ORGAN                     | NIZATION                     | 11g. ORG     | ANIZATIONAL ID #, if any              | Пиои            |
| 12. ADDITIONAL SECURED PART   | Y'S or ASSIGNOR S/P'S                   | NAME - insert only <u>one</u> name             | (12a or 12b)                 |              | · · · · · · · · · · · · · · · · · · · |                 |
| 12a. ORGANIZATION'S NAME  | onlar a                                 | 4.111  |                              | <del></del>  |                                       |                 |
| OR 12b. INDIVIDUAL'S LAST NAME  | AHNG + B                                | FIRST NAME                                     |                              | MIDDLE       | NAME                                  | SUFFIX          |
| 12c. MAILING ADDRESS 164  | · · · · · · · · · · · · · · · · · · ·   | CITY Helen                                     | A                            | STATE        | POSTAL CODE                           | COUNTRY         |
| collateral, or is filed as a fixture filing.  14. Description of real estate:  50047000000000000000000000000000000000 | timber to be cut or as-extracted        | 16. Additional collateral description of South | otion:                       |              |                                       |                 |
| RANGE 3 West  |   |  |                              |              |                                       |                 |
| Southwest W   | Nere Ot                                 |  |                              |              |                                       |                 |
| St 8 Block<br>Heights Subd  |   |  |                              |              |                                       |                 |
| West 130 fe   |   |  |                              |              |                                       |                 |
| NOKHN 145+  | Cet-                                    |  |                              |              |                                       |                 |
| 15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):                                |   |  |                              |              |                                       |                 |
| 50WHR 114   |   | 17. Check only if applicable and               | d check <u>only</u> one box. |              |                                       |                 |
|   |   | Debtor is a Trust or Tr                        | rustee acting with res       | spect to pro | perty held in trust or                | ecedent's Estat |
|   |   | 18. Check <u>only</u> if applicable and        | d check <u>only</u> one box. |              |                                       |                 |
|   |   | Debtor is a TRANSMITTING                       |                              |              |                                       |                 |
|   |   | Filed in connection with a M                   | lanufactured-Home Ti         | ransaction   | — effective 30 years                  |                 |
|   |   | Filed in connection with a P                   | ublic-Finance Transa         | ction — eff  | ective 30 years                       |                 |