20050217000077890 Pg 1/2 34.60 Shelby Cnty Judge of Probate, AL

02/17/2005 12:26:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (18	a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME	<del></del>	<del></del>	<del></del>			
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME/	MIDDLE NAME,	SUFFIX			
Henson	Crolina					
Ic. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
1022 1/211	Pollo	11 2512.	11(1			
Id. TAX ID #: SSN OR EIN JADD'L'INFO RE 11e. TYPE OF ORGANIZATION	45 II IDISDISTINATION	17 CDC 411 70 70 10 10 10 10 10 10 10 10 10 10 10 10 10	I USH			
1d. TAX ID #: SSN OR EIN ADD'L'INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #,	if any			
DEBTOR			NON			
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or com	nbine names				
2a. ORGANIZATION'S NAME						
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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #,	if any			
ORGANIZATION		pag. Ontoration the in-	, n any			
DEBTOR			NONE			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured party name (3a or	r 3b)	<del></del>			
3a. ORGANIZATION'S NAME						
OR Habama Clas Corporati	<u>00</u>					
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
20 South 20th Street	Birminaham	11 25 20	< 111CA			
4. This FINANCING STATEMENT covers the following collateral:						
<b>-</b>						
RULLD GAS Pack 2.5 Ton 1	1 SEFR	_	ر (_			
		· · · · · · · · · · · · · · · · · · ·	. 00			
Madel # DD MAA A A A 12 A	i i 1 (	11, 14				
Model * RRMA A 030 JK 08	SEAK	#44000				
		H 1				
Serial # 2625 ADAAF 4	10x1117 021	-				
21161 / 10 < 55 MMHH 4	171)412021					

ويستره ويرهبون ويسما ويطيعا فيسامينها وإنها والراوا والراوا والأراك إن الراكا والراكا والراكا والراكا والأراكات							
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CO	NSIGNOR BA	AILEE/BAILOR S	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded)	in the REAL 7. C	heck to REQUEST	SEARCH REPORT(S)	) on Debtor(s) ionall	Ali Debtors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

X Carolyn Herson Signature

OLLOW INSTRUCTIONS (front and b	ack) CAREFULLY		20050217000077890 Pg 2/2 34.60 Shelby Cnty Judge of Probate, AL		
9. NAME OF FIRST DEBTOR (1a or 19a. ORGANIZATION'S NAME	1b) ON RELATED FINANCING S	TATEMENT	02/17/2005 12:26:00	•	
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
Henson	arolun	W			
10. MISCELLANEOUS:					
		THE	ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY	
	FULL LEGAL NAME - insert only on	e name (11a or 11b) - do not abbreviate or comb	oine names		
11a. ORGANIZATION'S NAME					
OR 116. INDIVIDUAL'S LAST NAME	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS	<del></del>	CITY	STATE POSTAL CODE	COUNTRY	
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT		11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if	any	
DEBTOR		<u> </u>		NON	
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/F	'S NAME - insert only one name (12a or 12b)	) 	<del></del>	
	me Honding				
12b. INDIVIDUAL'S LAST NAME	ng Frang	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
588.3 Tritt	Dend Koad	alladous	HU50160	IUSA	
13. This FINANCING STATEMENT covers	timber to be cut or as-extracte	d 16. Additional collateral description:			
collateral, or is filed as a fixture filing	g.				
·	$\mathcal{O}_{\mathcal{O}}$				
Map Book to po	iae 82				
5					
_0t 27, Block	4				
Jection 12, To	wnship 20 Du				
Ramae 3 Wes	+				
	į vardas parastas pa				
Melba Count					
5. Name and address of a RECORD OWNE					
(if Debtor does not have a record interest	<i>)</i> :				
		17. Check only if applicable and check only		Decedentia Estate	
		Debtor is a Trust or Trustee actir  18. Check only if applicable and check only	ng with respect to property held in trust or v one box.	Decedent's Estate	
		Debtor is a TRANSMITTING UTILITY	• -····································		
		} <b>:====</b>	d-Home Transaction effective 30 years		
		Filed in connection with a Public-Finan			