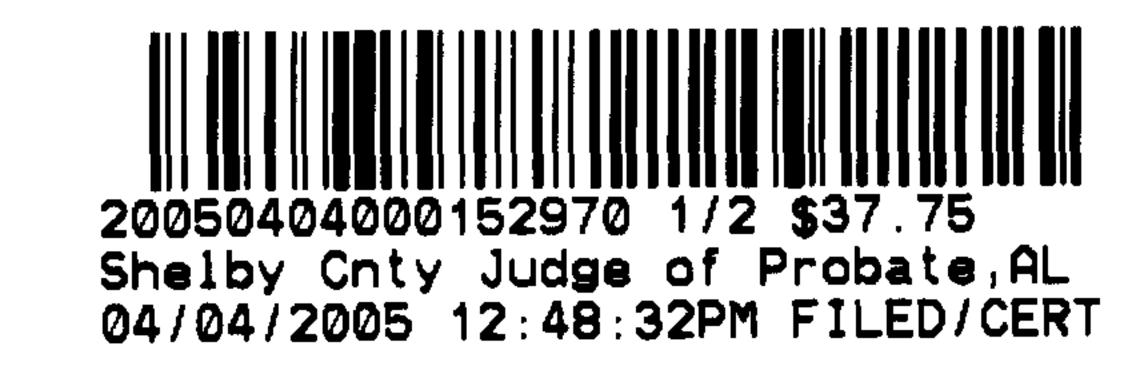
10/15	My MI	64	-9 Mul	1000 840 T
				6



JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
JOYCE BRUNO (773) 380-7310 X-109					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
CASTLE CREDIT CORPORATION					
8420 W. BRYN MAWR SUITE 300					
CHICAGO, IL 60631					
		THE ABOVE SPACE IS	FOR	FILING OFFICE US	SE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b			1 010	I ILIIIO OI I IOL O	
1a. ORGANIZATION'S NAME	7-donotabbicviate of combine maint		-	<u></u>	<u> </u>
OR 16. INDIVIDUAL'S LASTNAME	FIRST NAME		DLE NA	SUFFIX	
WHISENANT	SUZY				
Ic. MAILING ADDRESS	CITY	STA	TE F	POSTAL CODE	COUNTRY
2567 NORTH CHANDALER LN	PELHAM	A		<u>35124</u>	
Id. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGAN	IZATION 1g. C	DRGAN	IIZATIONAL ID #, if any	
DEBTOR					NON
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abb	reviate or combine names			· · · · · · · · · · · · · · · · · · ·
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDE	DLE NA	ME	SUFFIX
ZB. INDIVIDUAL S LAST INAINL					
2c. MAILING ADDRESS	CITY	STA	TE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGAN	IZATION 2g. C	DRGAN	NZATIONAL ID #, if any	,
ORGANIZATION DEBTOR	' 	• •			Non
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/	P) - insert only one secured party nar	ne (3a or 3b)			
3a. ORGANIZATION'S NAME				<u></u>	
CASTLE CREDIT CORPORATION					
3b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
					
3c. MAILING ADDRESS	CITY	STA	İ	POSTAL CODE	COUNTRY
8420 W. BRYN MAWR AVE SUITE 300	CHICAGO	II		60631	
4. This FINANCING STATEMENT covers the following collateral:					
WATER TREATMENT SYSTEM-TYPE OF UNIT:	RAINSOFT				
MODEL#: 30179 SERIAL#:					
30109	689310	THE ORIG	ΙΝΔ		
19252	688930		_	SS SECURE	D
INSTALLED AT: 2567 NORTH CHANDALER LN,	DEI HAM 25124	BY THIS F			
INSTALLED AT: 250/ NORTH CHANDALER LA,	I L'ILITAIVI, JJIZ4	STATEME	NT I	S\$ 64	190
COUNTY: SHELBY		TAX DUE \$		9.75	
THIS IS A FIXTURE FILING		•			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONS	SIGNEE/CONSIGNOR BAIL	EE/BAILOR SELLE	R/BUY	ER AG. LIEN	NON-UCC FILIN
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE ESTATE RECORDS. Attach Addendum	AL 7. Check to REQUEST SI				

20050404000152970 2/2 \$37.75 Shelby Cnty Judge of Probate, AL 04/04/2005 12:48:32PM FILED/CERT

FOLLOW INSTRUCTIONS (front						
	1a or 1b) ON RELATED FINANCING STA	ATEMENT				
9a. ORGANIZATION'S NAME						
OR INDUVIDUALIS LAST MANAGE		AUDDI E MANG OUEEUX				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
WHISENANT	SUZY					
10. MISCELLANEOUS:						
			- "		R FILING OFFICE	USE ONLY
	XACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevia	te or combine names	S		
11a. ORGANIZATION'S NAME						
OR ALE INDUITION A CT NAME		T	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
		······································				
11c. MAILING ADDRESS		CITY		STATE POST	TAL CODE	COUNTRY
	INFO RE 11e. TYPE OF ORGANIZATION ANIZATION	11f. JURISDICTION OF ORGANIZ	ZATION	11g. ORGANIZA	ATIONAL ID #, if any	
DEBT				· · · · · · · · · · · · · · · · · · ·		NON
12. ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	PARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (1	2a or 12b)		 	
12a. ORGANIZATION S NAME						
OR 12b. INDIVIDUAL'S LAST NAME	······································	TELDOT MANAG				<u></u>
120. HADIVIDOAL S LAST NAIVIE		FIRST NAME		MIDDLE NAME		SUFFIX
12c. MAILING ADDRESS	······································					
120. WAILING ADDITESS		CITY		STATE POST	TAL CODE	COUNTRY
12 This EINIANICINIC CTATEMENT	vers timber to be cut or as-extracted	4.0				
13. This FINANCING STATEMENT co collateral, or is filed as a X fixtu		16. Additional collateral description	on:			
14. Description of real estate:	no ming.					
PARCEL 13-1-01-2-001	1-003-159					
CHANDRA TERRACE						
LOT 68, BLOCK 000, S						
TOWNSHIP 20S, RANG						
5. Name and address of a RECORD	OWNER of above-described real estate					
(if Debtor does not have a record in	nterest):					
		17. Check only if applicable and o	heck only one box.			
			stee acting with res		held in trust or	ecedent's Estat
		18. Check only if applicable and o				
		Debtor is a TRANSMITTING U	•			
		Filed in connection with a Mar		ansaction — effe	ective 30 years	
		Filed in connection with a Put			•	
		The second secon	The second realisations	CHOCKIAC	JU JUMIO	

UCC FINANCING STATEMENT ADDENDUM