10/21/04 der 6649 aut 068983

20050404000152980 1/2 \$37.75 Shelby Cnty Judge of Probate, AL 04/04/2005 12:48:33PM FILED/CERT

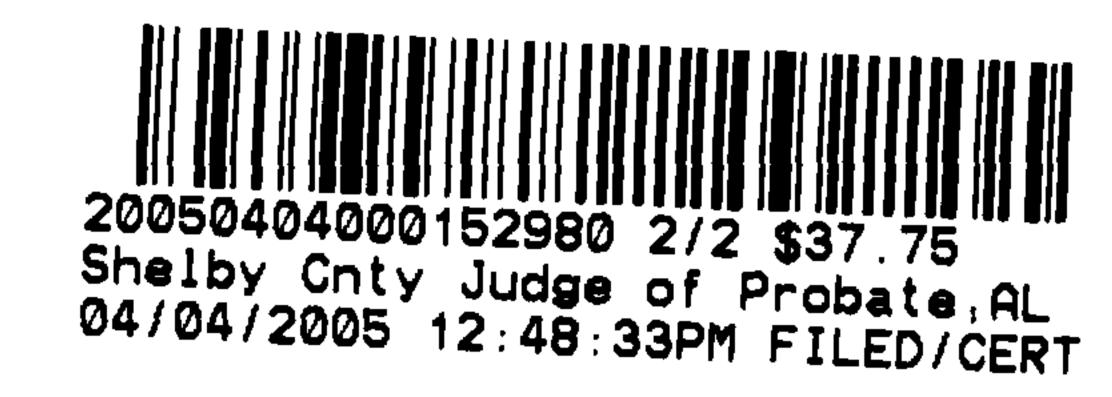
UCC FINANCING STATEMENT

FOLLOW 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 WEST BRYN MAWR SUITE 300				
CHCIAGO, IL 60631				
	THE ABO	VE SPACE IS FO	R FILING OFFICE U	SEONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names	····		——————————————————————————————————————
1a. ORGANIZATION'S NAME				
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
GUDMUNDSSON	EINAR			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
123 SOUTHERN HILLS PKWY	CALERA	AL	35040	
1d. SEEINSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	/
ORGANIZATION DEBTOR	} }	1		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or co	ombine names		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
GUDMUNDSSON	AMANDA			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
123 SOUTHERN HILLS PKWY	CALERA	AL	35040	
2d. SEEINSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION		, -g . 0.10		, ———
DEBTOR				NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/	P) - insert only <u>one</u> secured party name (3a or 3b)	 		
3a. ORGANIZATION'S NAME				
CASTLE CREDIT CORPORATION	ICIC CT NAME			TOUEEN
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
			IDOOTAL CODE	
3c. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
885 BRADDOCK ROAD - 8420 BRYN MA	CHICAGO		60631	
4. This FINANCING STATEMENT covers the following collateral:				
WATER TREATMENT SYSTEM-TYPE OF UNIT:	RAINSOFT			
MONDI 4. 20170 CENTAR 4. 244270				
MODEL #: 30179 SERIAL #: 644379				
MODET #. KENAK CEDTAT #. AAA124	671			
MODEL #: 65046 SERIAL #: 000134	U/1	THE ORIGI	NAL	
TRICOLAT TURA AO. 400 CONTOUTTURANT TITT TO DIVINIS /		NDEBTED	NESS SECUR	ED
INSTALLED AT: 123 SOUTHERN HILLS PKWY, C	ALPRA AL JOUGU	3Y THIS FI		
COUNTY: SHELBY		STATEMEN		90
E ESTIMORVINA NEMERICA			ر مروب ونظر مروب مصدر برای است. مروب ونظر مروب مصدر برای است.	····

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable] The state of the state of

THIS IS A FIXTURE FILING



	LLOW INSTRUCTIONS (front and band band) NAME OF FIRST DEBTOR (1a or 1		STATEME	NT			
	9a. ORGANIZATION'S NAME						
OF	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u></u>	MIDDLE NAME, SUFFIX			
	GUDMUNDSSON	EINAR		WIIDDLE NAIVIE, SOFTIA			
10	MISCELLANEOUS:						
, ,							
				T.		IC EOD EU INO OEE	OF LISE ONLY
1 1	ADDITIONAL DEBTOR'S EXACT I	FULL FCAL NAME insert only	ono namo /		· · · · · · · · · · · · · · · · · · ·	IS FOR FILING OFF	ICE USE UNLY
	11a. ORGANIZATION'S NAME	FOLL LEGAL NAME - INSERTORY	<u>one</u> name (ra or ind) - do not appreviate or co	moine names		
_							
OF	11b. INDIVIDUAL'S LAST NAME		FIRS	TNAME	MIDDLE	NAME	SUFFIX
110	. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
110	I. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATI		N 11f	JURISDICTION OF ORGANIZATION	11g. ORG	SANIZATIONAL ID #, if	any r
_	DEBTOR	TV(C)	<u> </u>			<u> </u>	NO
12.	ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TYS OF TASSIGNORS	/P'S NAI	ME - insert only <u>one</u> name (12a or 1	2b)		
OF	12b. INDIVIDUAL'S LAST NAME		FIRS	TNAME	MIDDLE	NAME	SUFFIX
120	. MAILING ADDRESS		CITY	······································	STATE	POSTAL CODE	COUNTRY
			<u></u>				
3			ted 16.	Additional collateral description:			
14.	collateral, or is filed as a X fixture filing. Description of real estate:	3 .					
Ρ	ARCEL 23-6-14-4-001-00	1-012					
	COTTSDALE 3RD ADDN						
	OT 41, BLOCK 000, SEC						
I	OWNSHIP 21S RANGE 0	3W					
			:				
15.	Name and address of a RECORD OWNE						
	(if Debtor does not have a record interest)	1.					
				Check <u>only</u> if applicable and check on			
			Deb	or is a Trust or Trustee a	cting with respect to p	roperty held in trust o	Decedent's Esta
					· · · · · · · · · · · · · · · · · · ·		······································
			18.	Check only if applicable and check			
			18.			effective 30 vector	