

UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |                                |
|--|--------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone:(800) 331-3282 Fax: (818) 662-4141 |                                |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 510656 IPRIMEACCEPT                         |                                |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                           | 6735505<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL  |                                |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |  |                                   |  |                      |
|---|--|-----------------------------------|--|----------------------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names            |  |                                   |  |                      |
| 1a. ORGANIZATION'S NAME   |  |                                   |  |                      |
| OR  |  |                                   |  |                      |
| 1b. INDIVIDUAL'S LAST NAME<br>BRECHIN   |  | FIRST NAME<br>LESLIE              | MIDDLE NAME<br>R   | SUFFIX               |
| 1c. MAILING ADDRESS<br>67 BRECHIN LN  |  | CITY<br>COLUMBIANA                | STATE<br>AL  | POSTAL CODE<br>35051 |
| 1d. SEE INSTRUCTIONS  |  | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION   |                      |
|   |  |                                   | 1f. JURISDICTION OF ORGANIZATION                                 |                      |
|   |  |                                   | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |                      |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names |  |                                   |  |                      |
| 2a. ORGANIZATION'S NAME   |  |                                   |  |                      |
| OR  |  |                                   |  |                      |
| 2b. INDIVIDUAL'S LAST NAME<br>BRECHIN   |  | FIRST NAME<br>KENT                | MIDDLE NAME<br>H   | SUFFIX               |
| 2c. MAILING ADDRESS<br>67 BRECHIN LN  |  | CITY<br>COLUMBIANA                | STATE<br>AL  | POSTAL CODE<br>35051 |
| 2d. SEE INSTRUCTIONS  |  | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION   |                      |
|   |  |                                   | 2f. JURISDICTION OF ORGANIZATION                                 |                      |
|   |  |                                   | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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<br>Prime Acceptance Corp.   |  |                                   |  |                      |
| OR  |  |                                   |  |                      |
| 3b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME                        | MIDDLE NAME  | SUFFIX               |
| 3c. MAILING ADDRESS<br>200 West Jackson Blvd. #720  |  | CITY<br>Chicago                   | STATE<br>IL  | POSTAL CODE<br>60606 |

4. This FINANCING STATEMENT covers the following collateral:  
1 RAINSOFT WHOLE HOUSE WATER TREATMENT SYSTEM

Complete only when filing with the Judge of Probate:  
The initial indebtedness secured by this financing statement is \$6,906.05  
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$10.50

|   |  |  |  |  |
|---|--|--|--|--|
| 5. ALTERNATIVE DESIGNATION [if applicable] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING |  |  |  |  |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]   |  | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |  |  |
| 8. OPTIONAL FILER REFERENCE DATA<br>6735505   |  | [ADDITIONAL FEE] [optional]  |  |  |

650-04-0050



20050701000330370 2/2 \$38.50  
Shelby Cnty Judge of Probate, AL  
07/01/2005 01:49:02PM FILED/CERT

# FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|    |                            |            |                     |
|----|----------------------------|------------|---------------------|
| OR | 9a. ORGANIZATION'S NAME    |            |                     |
|    |                            |            |                     |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
|    | BRECHIN                    | LESLIE     | R                   |

## 10. MISCELLANEOUS

6735505-40-1

510656 IPRIMEACCEPT

650-04-0050

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## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                             |                                   |                           |                                   |                                  |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| OR                          | 11a. ORGANIZATION'S NAME          |                           |                                   |                                  |
|                             |                                   |                           |                                   |                                  |
| OR                          | 11b. INDIVIDUAL'S LAST NAME       | FIRST NAME                | MIDDLE NAME                       | SUFFIX                           |
|                             |                                   |                           |                                   |                                  |
| 11c. MAILING ADDRESS        |                                   | CITY                      | STATE                             | POSTAL CODE                      |
|                             |                                   |                           |                                   | COUNTRY                          |
| 11d. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
|                             |                                   |                           |                                   | <input type="checkbox"/> NONE    |

## 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

|                      |                             |            |             |             |
|----------------------|-----------------------------|------------|-------------|-------------|
| OR                   | 12a. ORGANIZATION'S NAME    |            |             |             |
|                      |                             |            |             |             |
| OR                   | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX      |
|                      |                             |            |             |             |
| 12c. MAILING ADDRESS |                             | CITY       | STATE       | POSTAL CODE |
|                      |                             |            |             | COUNTRY     |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

## 14. Description of real estate:

Description: PARCEL NUMBER 203060000013003 1989  
DEED BOOK 000000 PAGE 000000 43,560 SQ FT 1 COM  
A NE COR NW 1/2 OF SE 1/4 S 897.55 W 900.32 N333  
TO POB CONTN 100 E435 S100 W4 35 TO POB

15. Name and address of a RECORD OWNER of above-described real estate  
(if Debtor does not have a record interest):

DOROTHY H. BRECHIN  
67 BRECHIN LANE, COLUMBIANA, ALABAMA, 35051

## 16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
☐ Filed in connection with a Public-Finance Transaction -- effective 30 years