5/2lby 29.50



20050715000355030 1/2 \$29.50 Shelby Cnty Judge of Probate,AL 07/15/2005 01:49:20PM FILED/CERT

UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALAGASCO

#20 South 20 Study

Bham, Ac 35295

BhAM, Az 35295			
	THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
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 1b. INDIVIDUAL'S LAST NAME 15. INDIVIDUAL'S LAST NAME	FIRST NAME /	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 209 Mompson Rd	CITY ACHBASICA	STATE POSTAL CODE 3500	COUNTRY
ADD'L WIFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the control of	lebtor name (2a or 2b) - do not abbreviate or comb	ine 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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only one secured party name (3a or 3	3b)	
ATABAMA BAS COL	DUATION		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS #20 SOUTH 20th Street	- CITY B'HAM	STATE POSTAL CODE	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: Coodman 12.0 21/2			
	X ION CONQUI		
Model # CLJ30-1			
501A1# 0503252	25/		
#1950	\$\\\doo, oo		

								التنكي بيساء المساوري المساور
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-L	JCC FILING
6. This FINANCING STATEMENT is to be filed [f	or record] (or recorded) in	n the REAL [if applicable]	7. Check to REQUIADDITIONAL F	JEST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA								

JCC FINANCING STATEMENT ADDENDUM					
OLLOW INSTRUCTIONS (front and back) CAREFULLY ON AME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	ATEMENT				
9a. ORGANIZATION'S NAME					
)R					
9b. INDIVIDUAL'S LAST NAME FIRST NAME FOR THE STORY FOR THE STO	MIDDLE NAME, SUFFIX				
0. MISCELLANEOUS:					
					<u>.</u>
		THE ABOVE S	PACE	S FOR FILING OFFICE U	SE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevia	te or combine names			
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
				<u> </u>	
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGANI	ZATION 1	11g. ORG	ANIZATIONAL ID #, if any	 1
DEBTOR					NON
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P' 12a. ORGANIZATION'S NAME 1	S NAME - insert only <u>one</u> name (1	12a or 12b)			<u>, </u>
12055 Heatina & Atil					
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE 1	IAME	SUFFIX
					
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
PIOXIOX	16 14 11 11 11 11 11 11 11	<u> </u>	176	1000	
3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.	16. Additional collateral descript	uon:			
4. Description of real estate:					
Primery Block					
And Annih DAS					
setted 34 Sowship 205					
Map# 138344000					
Beg SE Corner SW/4					
38 1/4 N 138.72W313.43					
to E. Row Co Rd 264					
5. Name and address of a RECORD OWNER of above-described real estate					
(if Debtor does not have a record interest):					
	17. Check only if applicable and Debtor is a Trust or Tr			onomy hold in touch of	acadontia Estat
	Debtor is a Trust or Trust 18. Check only if applicable and			operty neid in trust of De	academ 2 C219
	Debtor is a TRANSMITTING				
	Filed in connection with a M		ansaction	- effective 30 years	
	Filed in connection with a Pi				