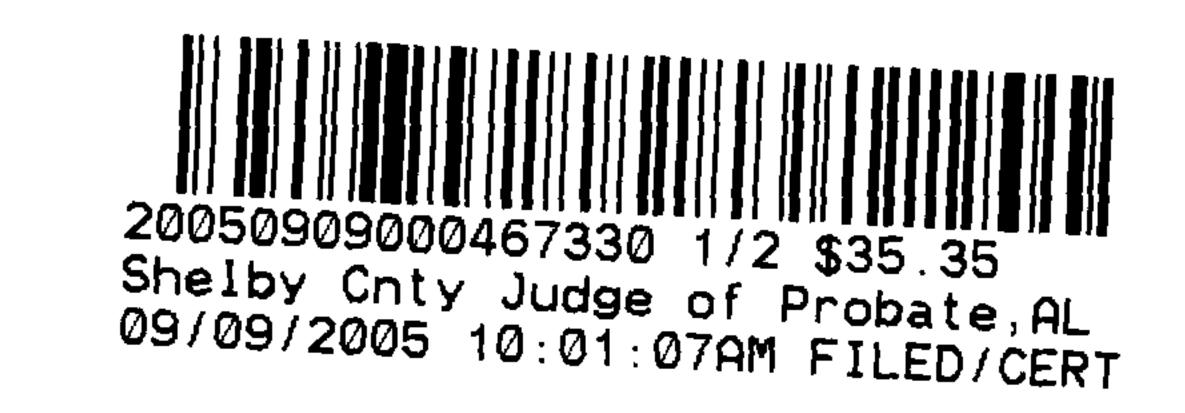
7/19/15	11-6649al	al Mason



International Association of Commercial Administrators (IACA)

UCC FINANCING STATEMENT

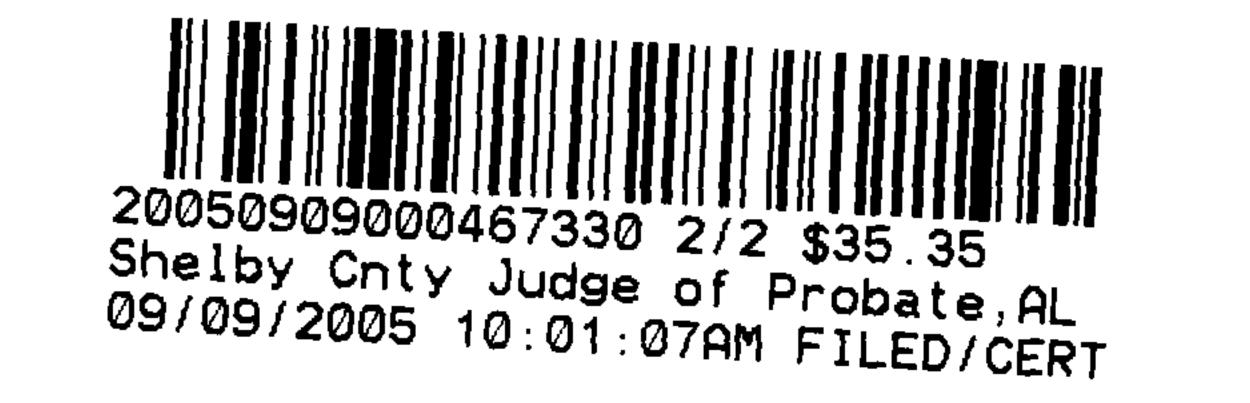
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

JOYCE BRUNO (773) 380-7310 X109

CASTLE CI 8420 WEST CHICAGO,	BRYN MAV	PORATION VR SUITE 300				
				THE ABOVE SPACE IS FO	R FILING OFFICE US	SEONLY
1. DEBTOR'S EXACT FL. 1a. ORGANIZATION'S NA		insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine name	es		· · · · · · · · · · · · · · · · · · ·
OR 16. INDIVIDUAL'S LASTN	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	· <u></u>		CITY	STATE	STATE POSTAL CODE	
12850 HWY 43			VANDIVER	AL	35176	
1d. SEEINSTRUCTIONS		1e. TYPE OF ORGANIZATION			1g. ORGANIZATIONAL ID #, if any	
	DEBTOR					NONE
2. ADDITIONAL DEBTO		LEGAL NAME - insert only o	one debtor name (2a or 2b) - do not abb	reviate or combine names		
OR 2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
		· · · · · · · · · · · · · · · · · · ·			LOOOTA' OODT	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	V 2f. JURISDICTION OF ORGAN	IZATION 2g. ORG	ANIZATIONAL ID #, if any	<i>,</i>
ORGANIZATION DEBTOR			· [
		TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only <u>one</u> secured party nar	ne (3a or 3b)		
3a. ORGANIZATION'S NA						
() 	CASTLE CREDIT CORPORATION 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	JOD. HADIAIDOXICO CXIST TAXIIIC					
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
8420 WEST BRYN MAWR SUITE 300			CHICAGO	IL	60631	
4. This FINANCING STATEME	ENT covers the follow	ving collateral:				
WATER TREATN	MENT SYST	EM-TYPE OF UNI'	T: RAINSOFT			
MODEL #: 30129	SI	ERIAL #: 77815				
		43, VANDIVER, A	1 1 1 1	E ORIGINAL DEBTEDNESS SE	Cunso	
	AAUJU II TT I	TO 9 TIRLIANDE TRUENS AT	BY	THIS FINANCIN	G	•
COUNTY: SHEI	BY			ATEMENT IS \$_ X DUE \$	7805	
THIS IS A FIXTU	RE FILING					*
5. ALTERNATIVE DESIGNATED AT This FINANCING STATE		LESSEE/LESSOR C		EE/BAILOR SELLER/B	r(s)	NON-UCC FILING
8. OPTIONAL FILER REFERE	Attach Addendum	[if a	pplicable] [ADDITIONAL FEE]	[optional]	All Debtors	Debtor 1 Debtor 2



UCC FINANCING STATE		JM				
FOLLOW INSTRUCTIONS (front and beginning) 9. NAME OF FIRST DEBTOR (1a or		STATEMENT				
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	E,SUFFIX			
ISHEE 10. MISCELLANEOUS:	JASON					
			THE	ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only	one name (11a or 11b) - do				
11a. ORGANIZATION'S NAME	TOLL CLONE INVITE INSOITON	One hante (Tra or Tra) do	TIOC GEOTICALO OF GOTT		<u> </u>	
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		CITY		STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS		CITY		SIAIL	POSTAL CODE	COOKIN
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	1	ON 11f. JURISDICTION	OF ORGANIZATION	11g. ORG	SANIZATIONAL ID #, if a	any None
12. ADDITIONAL SECURED PAI 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR	S/P'S NAME - insert only	one name (12a or 12b)		
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing filed. Description of real estate:		acted 16. Additional collar	teral description:			
ACCOUNT NUMBER: 041110001041						
LEGAL DESCRIPTION OF METES AND BOUNDS SECTION 11 TOWNSHIP 18S RANGE 1 EAST 3.2 ACRES	F LAND:					
15. Name and address of a RECORD OWN (if Debtor does not have a record interes						
		1	plicable and check or			
					roperty held in trust or	Decedent's Estate
		r	oplicable and check <u>or</u> NSMITTING UTILITY	цу one box.		
				ed-Home Transaction	n — effective 30 years	
		Filed in connec	tion with a Public-Fina	nce Transaction — e	ffective 30 years	