UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)

20051007000523600 1/2 \$34.60

Shelby Cnty Judge of Probate, AL 10/07/2005 09:38:53AM FILED/CERT

	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
		SI ACE TO I CIVI IEII CO CI I TOE COE	
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 45 INDIVIDUALIST NAME		MIDDLE NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAME	FIRST NAME		
1 15 Oldi /-	MCMa		COLINITON
1c. MAILING ADDRESS	CUTY	STATE POSTAL CODE	COUNTRY
560 KUSSUTT BUNDIN.	BIMING TILL	14. 33244	
1d TAX ID # SSN OR FIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR			NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or comb	oine names	
2. ADDITIONAL DEDITOR DELICATION DEL LEGALITATION MISSION SINO SINO SINO SINO SINO SINO SIN		<u></u>	· · · · · · · · · · · · · · · · · · ·
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
20. 11 10 17 10 07 12 0 27 10 1 17 11 11 11 11 11 11 11 11 11 11 11 1			
	CITY	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			
		O. ODOANIZATIONAL ID # if and	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	<del></del>
DEBTOR			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a or	3b)	
3a. ORGANIZATION'S NAME			
	X102		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS //	CIT	STATE POSTAL CODE	COUNTRY
# 30 / H 10 TW/-	51 + MING Buch	341. 35245	
THE SUIT OF STATES	- milling more		
4. This FINANCING STATEMENT covers the following collateral:			
1 AC Model H WAKB-6	1241/1/2		
1 AC MOREITE 6950F30	2407500		
Sile 1# 6950750	11-1/- 14VI		
ICBA-	745/2011		
Sovial # 6950F50 I Fubicil Model # RCBA-	13019/	· 10 1	70
THOUSE		11235	
50 VIE/ H 112 PT	135 EMOL	#. 4388.0	
A DOFF	- 1100310574		
1 Fundle Mone, il 1845030	02 P 4000	•	
1 Evaloil Model # KCART THIOUS Sorial # UGPJ 1 Evinare Model # GASD30 Sorial # GASD30			

CONSIGNEE/CONSIGNOR

6 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [ADDITIONAL FEE] [optional]

Debtor 1

AG. LIEN

All Debtors

SELLER/BUYER

BAILEE/BAILOR

NON-UCC FILING

Debtor 2

5 ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OF TONAL FILER REFERENCE DATA

UCC FINANCING STATEMEN						
FOLLOW INSTRUCTIONS (front and back) CA 9. NAME OF FIRST DEBTOR (1a or 1b) ON F		EMENT				
9a. ORGANIZATION'S NAME						
OR	<i>*</i>					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
TISACIA	MIChael					
10. MISCELLANEOUS:		*				
	· -		THE ABOVE SPA	ACE IS FOR	FILING OFFICI	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LE	EGAL NAME - insert only <u>one</u> nan	ne (11a or 11b) - do not abbre	viate or combine names	<u> </u>		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	МІГ	DLE NAME		SUFFIX
11c. MAILING ADDRESS		CITY	STA	TE POSTA	AL CODE	COUNTRY
						:
<b>I</b>	e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION 11g	. ORGANIZAT	ΓΙΟΝΑL ID #, if any	<u> </u>
ORGANIZATION DEBTOR						NON
12. ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			
12a. ORGANIZATION'S NAME	٠					
OR V V	Vice		······································			
12b. INDIVIDUAL'S LAST NAME		FIRSTNAME	MIC	DLE NAME		SUFFIX
12c. MAILING ADDRESS / A /		CITX/7	STA	TE POSTA	AL CODE	COUNTRY
586600000000000000000000000000000000000		BIV MING G		-/.   S	C-210	
		16. Additional collateral descr	<u> </u>	<u> </u>		
collateral, or is filed as a fixture filing.			•			
14. Description of real estate:						
. 4 11						
2015ett BerndSy	Bilivis					
KUSSEI	24-652					
Map Book!	eg-e					
26/64 County						
Swill of	138 · · · ·					
15. Name and address of a RECORD OWNER of about (if Debtor does not have a record interest):	ve-described real estate					
		17. Check <u>only</u> if applicable a	nd check only one have			<u> </u>
			nd cneck <u>only</u> one box. Trustee acting with respec	t to property k	aeld in trust or	Decedent's Estate
		18. Check only if applicable a		property I	, Q TO THE LEGISTE OF	
		Debtor is a TRANSMITTIN				
		Filed in connection with a		action — effe	ctive 30 years	
		Filed in connection with a	Public-Finance Transaction	า — effective 3	30 years	