20051107000578760 1/2 \$35.35 Shelby Cnty Judge of Probate, AL 11/07/2005 03:59:53PM FILED/CERT

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

	THE ABO	VE SPACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a			
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS CAC LIUNCUCCO	CIPY	STATE, POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the contract of	debtor name (2a or 2b) - do not abbreviate or d	combine names	NON
R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	<u></u>
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3)	a or 3h)	NOI
3a. ORGANIZATION'S NAME		a Or 30)	
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
# 2056 Th 20th 54, 201	SIN MY RELECT	STATE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers the following collateral:	/# ASAUDI # 513235	10R948K	
		89,00	

CONSIGNEE/CONSIGNOR

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]

BAILEE/BAILOR

SELLER/BUYER

NON-UCC FILING

AG. LIEN

All Debtors

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT		
9a. ORGANIZATION'S NAME			
OR			
BURY WILLS LAST NAME FIRST NAME LIFE-ON A ON THE STREET OF A ON THE STREET NAME ON	MIDDLE NAME, SUFFIX		
10. MISCELLANEOUS:			
	THE	ABOVE SPACE IS FOR FIL	ING OFFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one r			
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL C	ODE COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATION	IAL ID #, if any
	NAME - insert only <u>one</u> name (12a or 12b)		
12a. ORGANIZATION'S NAME			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS; SEE OICH LUI	GITY) By My han	STATE POSTAL C	ODE 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:	16. Additional collateral description:		
Lot 6 Glanwood Estates Det 11 Rage 45			
Map Book 11 Sage 45 Skulby County			
15. 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 check only		
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Es		
	18. Check only if applicable and check onl	y one box.	
	Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufacture	d Hama Teananation - ee-ve	20 voore
	Filed in connection with a Manufacture Filed in connection with a Public-Finan	u-nome transaction — effective 30 ve	ars