UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  AAA BAACO #20 South Johnston BAUM AL 35295	34.45 24.45	20060208000064140 1/2 \$34 Shelby Cnty Judge of Prol 02/08/2006 09:44:42AM FI	bate,AL LED/CERT
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o		ACE IS FOR FILING OFFICE USE O	
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME,	MIDDLE NAME	SUFFIX
ShAdix	AIM		
1c. MAILING ADDRESS  2315 Unila Shoot	CITY HOLOM/A	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
ORGANIŽATION DEBTOR			NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME	ebtor name (2a or 2b) - do not abbreviate or combine	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 ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3b)		NONE
3a. ORGANIZATION'S NAME	1.		<u>. " " " " " " " " " " " " " " " " " " "</u>
OR 3b. INDIVIDUAL'S LAST NAME OAS COLF	PULATION FIRST NAME	MIDDLE NAME SUFFIX	
SD. HADIVIDOAL S LAST IVANIL			
3c. MAILING ADDRESS #20 South 20th Street	CITY BIAM	STATE POSTAL CODE  353535	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:  GOODMAN Equipmed  Model # GM 390703BX  SeliAl # 0512203029  Model # CLJ36-1  SeliAl # 0511059373  # 427	9 Selial# 0 35-90	APF042.82 512166937	
6 A This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REA		S) on Debtor(s)	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if application of the REAL ESTATE REFERENCE DATA	able] [ADDITIONAL FEE] [op	tional] All Debtors Deb	tor 1 Debtor 2

FOLLOW INSTRUCTIONS (front and ba	ack) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1 9a. ORGANIZATION'S NAME	b) ON RELATED FINANCING S	TATEMENT			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
D/AAUX	KIM				
10. MISCELLANEOUS:		•			
		TH	E ABOVE SPACE I	S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only on	e name (11a or 11b) - do not abbreviate or co	mbine names	······································	
TTA. CINCANIZATION STRAINL					
OR 11b. INDIVIDUAL'S LAST NAME	<u></u>	FIRST NAME	MIDDLE	IAME	SUFFIX
					<u> </u>
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORG	ANIZATIONAL ID #, if a	ny
ORGANIZAT DEBTOR	ION		]		NON
12. ADDITIONAL SECURED PAF	RTY'S or ASSIGNOR S/F	'S NAME - insert only <u>one</u> name (12a or 1	2b)		
12a. ORGANIZATION'S NAME	Louis d'and	Ato IIN			
OR 12b. INDIVIDUAL'S LAST NAME	HATINA 4	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	<i>f</i>	CITY / O / A / A	STATE	POSTAL CODE	COUNTRY
P.W. MOY		MENUT	177	25086	
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing	timber to be cut or as-extracte	d 16. Additional collateral description:			
14 Department on afternal antatal	•				
Thelby Loun  15418 AD R	141 j				
104#18 ADR	emeded				
mad honk b	DAGE 81				
KINS RICKE	3/16/1/1/5/00				
15. Name and address of a RECORD OWNE (if Debtor does not have a record interest)					
		17. Check only if applicable and check only	only one box.		
		Debtor is a Trust or Trustee ac	cting with respect to pro	operty held in trust or	Decedent's Estate
		18. Check only if applicable and check only			
		Debtor is a TRANSMITTING UTILITY		official 200	
		Filed in connection with a Manufacture Filed in connection with a Public-Fin			
		II I Flied in connection with a Public-Fin	ance Transaction eff	rective 30 years	