Malby

**UCC FINANCING STATEMENT** 

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

20061108000548520 1/2 \$34.45 Shelby Cnty Judge of Probate, AL 11/08/2006 11:09:35AM FILED/CERT

A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALAGABLO #20 South 20th St BINAM AZ 3529	2		
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	NLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names		· · · · · · · · · · · · · · · · · · ·
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S LAST NAME  OUNTER  OR 10. INDIVIDUAL'S LAST NAME	FIRST NAME / MIDDINAL	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS.  Sold Deliver	CITY HelenA	STATE POSTAL CODE  112 3508	COUNTRY
1d. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   PROMIZATION   1e. TYPE OF ORGANIZATION   1e. TYPE	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> de	ebtor name (2a or 2b) - do not abbreviate or combine i	names	INCINE.
2a. ORGANIZATION'S NAME			
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 DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or 3b)		· · · · · · · · · · · · · · · · · · ·
3a. ORGANIZATION'S NAME  ALLIANAMA  ALLIANAM	DAMAHDA/		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c MAILING ADDRESS - A A A A A	CITY	STATE POSTAL CODE	COUNTRY
#20 South 2045#	13/14M	175 35395	
4. This FINANCING STATEMENT covers the following collateral:  OOOMAN  OH  OH  OH  OH  OH  OH  OH  OH  OH  O	Addaye St	144m	
Model # 6961= Serial # 06019	342090/		
SONA # 000190	6/0/-8		
		4208.00	

20061108000548520 2/2 \$34.45 Shelby Cnty Judge of Probate, AL 11/08/2006 11:09:35AM FILED/CERT UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME <u> COUNTINO</u> 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX MIDDLE NAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION 11d. TAX ID #: ORGANIZATION NONE DEBTOR ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME MIDDLE NAME FIRST NAME SUFFIX COUNTRY 12c. MAILING ADDRESS CITY timber to be cut or 16. Additional collateral description: 13. This FINANCING STATEMENT covers as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: 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 one box.

Decedent's Estate

Debtor is a Trust or Trustee acting with respect to property held in trust or

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY