



UCC FINANCING STATEMENT

DERTOP'S EVACTEDIA LECAL MANGE :		VE SPACE IS FOR FILING OFFICI	E USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor in the second of the second	name (1a or 1b) - do not abbreviate or combine names		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Thomoson	John		
348 How Creek De	lace Malaster	STATE POSTAL CODE AL 3570	COUNTRY 7
ADD'L INFO RE 1e. TYPE OF ORGANIZA ORGANIZATION		1g. ORGANIZATIONAL ID #, if	any
DEBTOR			NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert of the company	only <u>one</u> debtor name (2a or 2b) - do not abbreviate or co	ombine names	
Za. ORGANIZA I ION S NAIVIE			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZA	TION 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if	any
ORGANIZATION ' DEBTOR			NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	SSIGNOR S/P) - insert only <u>one</u> secured party name (3a	or 3b)	
3a. ORGANIZATION'S NAME			
	oration		
Habana bas Com			SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME		
3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS #20 South 20 th Street	FIRST NAME		
MAILING ADDRESS H20 South 20th Street	CITY		
MAILING ADDRESS #20 South 20th Street	CITY		
MAILING ADDRESS #20 South 20 th Street This FINANCING STATEMENT covers the following collateral:	CITX Birminghan		
MAILING ADDRESS #20 South 20 # Street This FINANCING STATEMENT covers the following collateral:	CITY		
MAILING ADDRESS #20 South 20 4 Street This FINANCING STATEMENT covers the following collateral: Advantage	CITY Briminghan 2 pc. sypi	STATE POSTAL CODE 3529 temoral dela	Serial
MAILING ADDRESS #20 South 20 4 Street This FINANCING STATEMENT covers the following collateral: Advantage Ad	CITX Birminghan	STATE POSTAL CODE AL 3529 Tensor Salel 324 A6	COUNTRY Serial 060966
MAILING ADDRESS #20 South 20 th Street This FINANCING STATEMENT covers the following collateral:	Diminghan 3 pc. sypt CHPF 18	STATE POSTAL CODE AL 3529 Tener 324A6	COUNTRY Serial 060966
MAILING ADDRESS #20 South 20 th Street This FINANCING STATEMENT covers the following collateral: Aboddman Coil Coil	CITY Briminghan 2 pc. sypi	STATE POSTAL CODE AL 3529 Tensor 324A6 453AN	Serial 060966 06/0032
3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 South 20 th Street This FINANCING STATEMENT covers the following collateral: About Coil Amount Coil This financial is a second of the second of	on a pc. system CHPF 18 CMS 80	STATE POSTAL CODE AL 3529 Tensol 324A6 453AN	Serial 060966 06/0032
3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 South 20 th Street This FINANCING STATEMENT covers the following collateral: Abodhman Coil Coil This financian with the statement of the st	Diminghan 3 pc. sypt CHPF 18	STATE POSTAL CODE AL 3529 Tensol 324A6 453AN	COUNTRY Serial 060966

TRAILEF/RAILOR SELLER/BUYER L AG. LIEN NON-UCC FILING This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [STATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] [optional] __All Debtors ___ 8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUS FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S	STATEMENT		
9a. ORGANIZATION'S NAME			
OR	· • • • • • • • • • • • • • • • • • • •		
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX		
Monpson Colum			
10. MISCELLANE US:			
	THE	ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or			
11a. ORGANIZATION'S NAME	,		
OR Freedom Heating	4 Cohna		
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
11d TAY ID #: SSN OP FINE ADDITIONED DE 110 TYPE OF OPCANIZATION	A46 III PICE ICE CE CANTIZATION	110000	
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if an	у —
DEBTOR ADDITIONAL SECURED DADTYS ACCIONOD C/D			NON
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/F 12a. ORGANIZATION'S NAME	P'S NAME - insert only <u>one</u> name (12a or 12b))	
Freedom Weating 9	1 Cooling		
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3441 Harkwood Kd.	Bessen	H 35022	
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	ed 16. Additional collateral description:		
collateral, or is filed as a fixture filing. 14. Description of real estate:			
Lot 13 Phase 2			
N° 11			
Killow Creek			
Da 102			
map Bar Shelly Counter			
Roch 9 Shelly County			
13000			
15. Name and address of a DECODD OWNED of above described real actata			
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	v one hox	
			Decedent's Estate
\cdot	18. Check only if applicable and check only		
	Debtor is a TRANSMITTING UTILITY		
		d-Home Transaction — effective 30 years	
	Filed in connection with a Public-Finance		