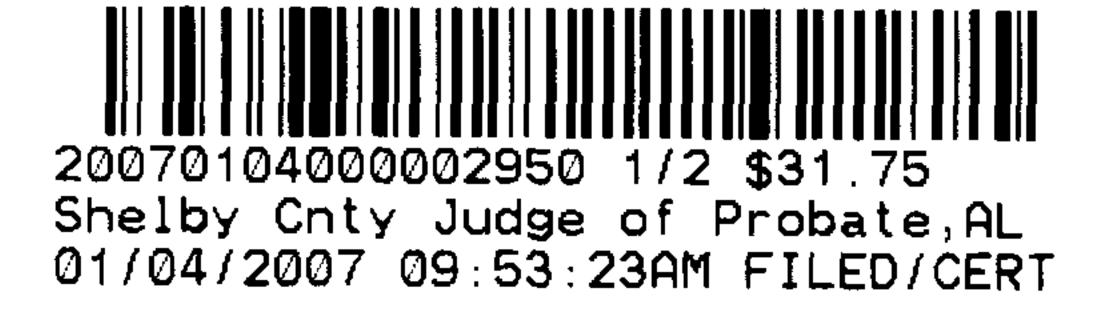
Sh 31.15



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A. NAME & PHONE OF CONTACT AT FILER [optional]

Alagasco #200 South 20th Stree				
Burningham, At 3				
100mmg Cur, 19	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE)NLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names	·	······································	
OD				
1b. INDIVIDUAL'S LAST NAME HAREIS	STEPHEN.	MIDDLE		SUFFIX
1c. MAILING ADDRESS 16. MAILI	1f. JURISDICTION OF ORGANIZATION	STATE	POSTAL CODE SOLUTIONAL ID #, if any	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	II. JURISDIC HON OF ORGANIZATION	l ig. Ortor	ANIZATIONAL ID #, II ally	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 r	ames		
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. ORG	ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	S/P) - insert only <u>one</u> secured party name (3a or 3b)		· · · · · · · · · · · · · · · · · · ·	<u></u>
OR Habana Cas Col	PORATION FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESSO #20 South 20th Street	CITY	STATE	POSTAL CODE	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:				
2- Goodman		~~~		
moDEZ#			モルタムサ	
GMH 80453AN			233751	_
GMH 80453 AM	14-4	10C	32606	フ
		, and the same of		
2500	.00 Amount	Lina	meed	
	GNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BU	JYER AG. LIEN	NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA	able) [ADDITIONAL FEE] [opt	onal]	All Debtors Debtors	otor 1 Debtor 2

UCC FINANCING STATEMENT ADDENDU	M			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY ON MAKE OF FIRST DEBTOR (10 or 1b) ON BELATED FINANCING S				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S 9a. ORGANIZATION'S NAME	SIAICIVICINI			
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
Harris Alphen				
10. MISCELLANEOUS:				
	,			
		THE ABOVE SPACE	IS FOR FILING OFFIC	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of the Control of the	ne name (11a or 11b) - do not abbreviate	or combine names		<u> </u>
11a. ORGANIZATION'S NAME				
OR AAL INDUVIDUALIC LACT NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME	FIRSTNAIVE		NAIVIE	
44- NANLING ADDDECC		STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	CITY	SIAIL	TOSTAL CODE	COOKTICT
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION	N 11f. JURISDICTION OF ORGANIZA	ATION 11a ORG	SANIZATIONAL ID #, if an	
ORGANIZATION	1			
DEBTOR A DESTRUCTION ALL OFFICIALIDED PARTY/IC A COLONIO DE CARRON CAR		- · · · · · · · · · · · · · · · · · · ·		NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/	P'S NAME - insert only <u>one</u> name (12a	a or 12b)		
The edian Historia	(m/			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
244/ Huskittod Rd.	Bessenes	1	35022	
13. This FINANCING STATEMENT covers timber to be cut or as-extrac				
collateral, or is filed as a fixture filing.				
14. Description of real estate:				
Map Book 14 Pg 86				
$\mathcal{L}_{0}\mathcal{L}_{1}$				
	7 ,			
in Dearing Dawns:	Aug)			
in wearing towns				
124 nll.Lon				
10- Haai				
15. Name and address of a RECORD OWNER of apove-described real estate				
(if Debtor does not have a record interest):				
	17. Check only if applicable and c	heck only one box	· · · · · · · · · · · · · · · · · · ·	
		tee acting with respect to p	roperty held in trust or	Decedent's Estate
	18. Check only if applicable and c			
	Debtor is a TRANSMITTING U			
	Filed in connection with a Mar		n — effective 30 vears	
	Filed in connection with a Pub			