20070323000132320 1/2 \$36.55 Shelby Cnty Judge of Probate, AL 03/23/2007 12:33:05PM FILED/CERT

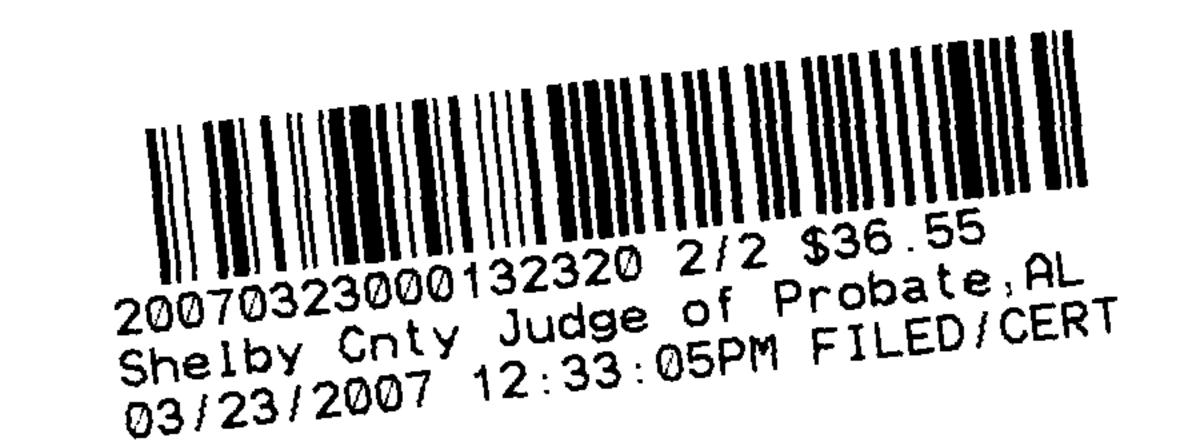
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

		662-4141				
. SEND ACKNOWLEDGEN	MENT TO: (Name and Address)	10656 PRIME ACCI	EPTAN			
UCC Direct	Services	10689255				
P.O. Box 29	071					
Glendale, C	A 91209-9071	ALAL FIXTURE				
	File with: CC AL S	Shelby, AL	THE ABOVE SP	ACE IS FOR FI	LING OFFICE USE ONLY	
		one debtor name (1a or 1b)) - do not abbreviate or combine nan	nes		······································
1a. ORGANIZATION'S I	NAME					
16. INDIVIDUAL'S LAST	ΓNAME		RIS	MIDDLE	NAME	SUFFIX
MAILING ADDRESS 0 SWEET GUM DR		CITY		STATE	POSTAL CODE 35043	COUNTRY
SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE O ORGANIZATION DEBTOR	OF ORGANIZATION 1f. J	URISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	NONE
ADDITIONAL DEBTOF		E - insert only one debtor r	name (2a or 2b) - do not abbreviate	or combine na	ames	
2a. ORGANIZATION'S	هن بروست فنواد المصورات <u>في مسالة بالمسان بالمسان في مسان في مسان و مسالة من م</u> ان مي مسار و مساور <u>مساور مساور م</u>					
2b. INDIVIDUAL'S LAS	TNAME	FIRS	ST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CIT		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS	ORGANIZATION DEBTOR		URISDICTION OF ORGANIZATION		SANIZATIONAL ID #, if any	NONE
		SIGNEE of ASSIGNOR S/P) - insert only one_ secured party na	ame (3a or 3b)	<u> </u>
3a. ORGANIZATION'S Prime Acceptar						
3b. INDIVIDUAL'S LAS	TNAME	FIR	ST NAME	MIDDLE	NAME	SUFFIX
				STATE	POSTAL CODE	COUNTRY
. MAILING ADDRESS 00 W Jackson Blv	d. Suite 720	CIT	r hicago	IL	60606	
This FINANCING STATEN	IENT covers the following collateral	:				
AINSOFT WATER S	SYSTEM					
AINSOFT WATER S	SYSTEM					
AINSOFT WATER (SYSTEM					
AINSOFT WATER (SYSTEM					
AINSOFT WATER (SYSTEM					
AINSOFT WATER S	SYSTEM					
AINSOFT WATER (SYSTEM					
		of Drobato:				
omplete only whe	en filing with the Judge o	nancing statement is \$	5,685.00			
complete only whe	en filing with the Judge of ness secured by this fin \$.15 per \$100.00 or frac	nancing statement is \$ ction thereof) \$8.55		SELLER/E	BUYER AG. LIEN	NON-UCC FILIN

650050141

10689255



NANCING STATEME	Ø3123	, Luc				
LOW INSTRUCTIONS (front and ba	ON RELATED FINANCING STATEM	ENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME SALTER	FIRST NAME CHRIS	MIDDLE NAME, SUFFIX				
MISCELLANEOUS						
689255-AL-117						
556 PRIME ACCEPTAN						
with: CC AL Shelby, AL			THE ABOVE SPACE	E IS FOR	R FILING OFFICE USE	ONLY
ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only one_r	name (11a or 11b) - do not a	abbreviate or combine n	ames		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	N	11DDLE N	NAME	SUFFIX
MAILING ADDRESS		CITY	S	TATE	POSTAL CODE	COUNTRY
ORGANIZA	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATION		GANIZATIONAL ID#, i	IAL ID #, if any	
DEBTOR						
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/P's N	AME - insert only one name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers [collateral or is filed as a X fixture	<u></u> }	16. Additional collateral des	scription:			
Description of real estate:						
escription: LOT 1, ACCORE JRVEY OF YELLOWLEAF I MAP BOOK 34, PAGE 7, II SHELBY COUNTY, ALAB 0-8-34-0-001-011-008	VITHE PROBATE OFFICE					
Name and address of a RECORD OWNI (if Debtor does not have a record interest)			and check <u>only</u> one box. Trustee acting with respect	ect to pro	perty held in trust	or Decedent's Estate