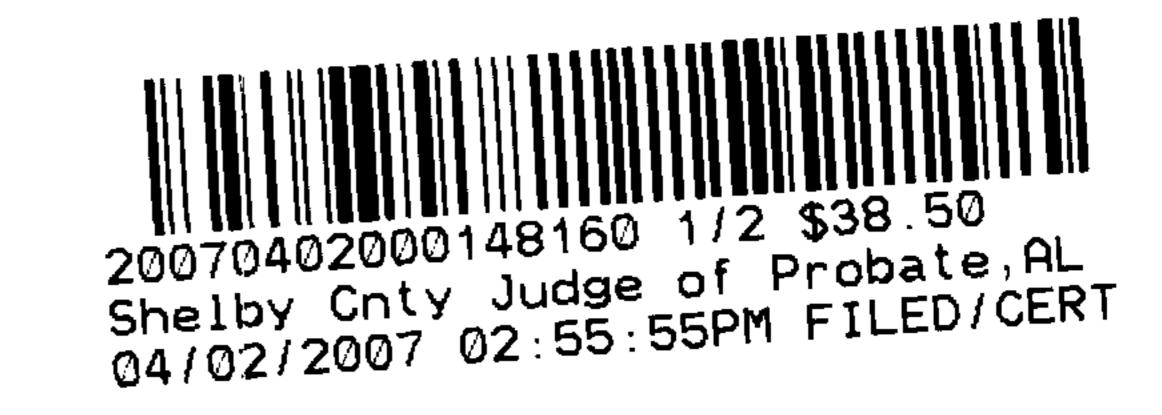
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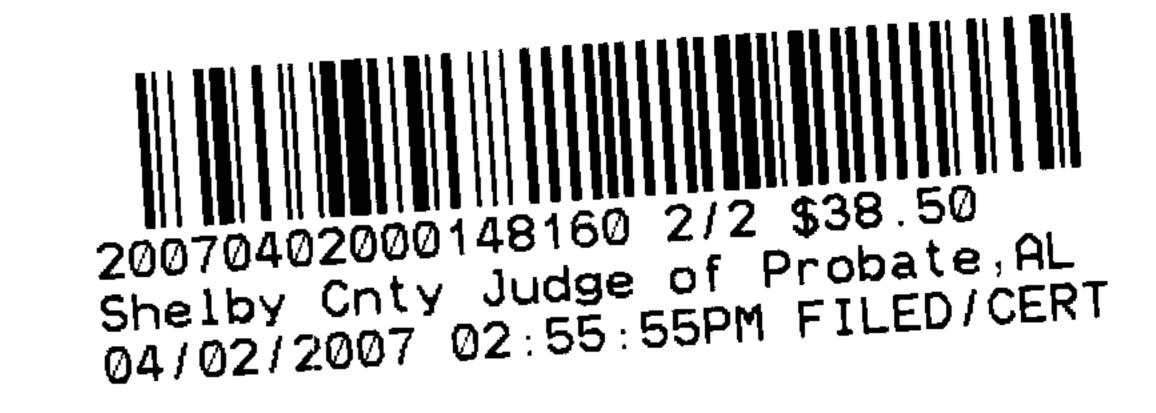
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

SEND ACKNOWLEDGEME	NT TO: (Name and Ac	ddress) 10656 PRIME	ACCEPTAN				
UCC Direct Se	ervices	1078950	05				
P.O. Box 290	71						
Glendale, CA		ALAL FIXTUR	E				
	File with:	CC AL Shelby, AL	THE ABOVE S	PACE IS FOR FI	LING OFFICE USE ONLY		
DEBTOR'S EXACT FULL	L LEGAL NAME - ir	nsert only one_debtor name (1a	a or 1b) - do not abbreviate or combine na	ames		<u> </u>	
1a. ORGANIZATION'S NA							
·			FIDST MANE	MIDDLE	NAME	SUFFIX	
1b. INDIVIDUAL'S LAST	NAME		FIRST NAME Edward				
BUTLER			CITY	STATE	POSTAL CODE	COUNTRY	
MAILING ADDRESS 3 BARKLEY CIR			ALABASTER	AL	35007	USA	
. SEE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if an	y 	
<u>SEE IIIOTTIOUTIONS</u>	ORGANIZATION					NON	
ADDITIONAL DERTOPS	S EXACT FULL FO	GAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate	e or combine na	ames	<u></u>	
2a. ORGANIZATION'S N							
						SUFFIX	
2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
			i de la companya de	İ	CTATE DOSTAL CODE		
				CTATE	T BOSTAL CODE	COUNTRY	
. MAILING ADDRESS		<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY	
. MAILING ADDRESS							
	ORGANIZATION	2e. TYPE OF ORGANIZATION	CITY 2f. JURISDICTION OF ORGANIZATION		POSTAL CODE GANIZATIONAL ID #, if ar		
. <u>SEE INSTRUCTIONS</u>	ORGANIZATION		2f. JURISDICTION OF ORGANIZATION	2g. OR	GANIZATIONAL ID #, if ar	iy	
SECURED PARTY'S NA	ORGANIZATION DEBTOR AME (or NAME of T			2g. OR	GANIZATIONAL ID #, if ar	ıy	
SECURED PARTY'S NA 3a. ORGANIZATION'S N Prime Acceptant	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp.		2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party	2g. OR	GANIZATIONAL ID #, if ar	ıy	
SECURED PARTY'S NA 3a. ORGANIZATION'S N Prime Acceptant	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp.		2f. JURISDICTION OF ORGANIZATION	2g. OR	GANIZATIONAL ID #, if ar	NON	
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SECURED PARTY'S NA 3a. ORGANIZATION'S N Prime Acceptance 3b. INDIVIDUAL'S LAST	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME		2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party	ame (3a or 3t	GANIZATIONAL ID #, if ar	SUFFIX	
SECURED PARTY'S NATURE ACCEPTANCE ACCEPTANCE ACCEPTANCE ADDRESS OO W Jackson Blvd	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME Suite 720	OTAL ASSIGNEE of ASSIGNO	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY	ame (3a or 3t	GANIZATIONAL ID #, if and only in the second	SUFFIX	
SECURED PARTY'S NATURE ACCEPTANCE ACCEPTANCE ACCEPTANCE ADDRESS OO W Jackson Blvd	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME Suite 720	OTAL ASSIGNEE of ASSIGNO	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY	ame (3a or 3t	GANIZATIONAL ID #, if and only in the second	SUFFIX	
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SECURED PARTY'S NA 3a. ORGANIZATION'S N Prime Acceptant 3b. INDIVIDUAL'S LAST C. MAILING ADDRESS 00 W Jackson Blvd This FINANCING STATEME	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME Suite 720 ENT covers the following	OTAL ASSIGNEE of ASSIGNO	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY	ame (3a or 3t	GANIZATIONAL ID #, if and only in the second	SUFFIX	
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3a. ORGANIZATION'S N Prime Acceptant	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME Suite 720 ENT covers the following	OTAL ASSIGNEE of ASSIGNO	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY	ame (3a or 3t	GANIZATIONAL ID #, if and only in the second	SUFFIX	
SECURED PARTY'S NATURE ASSESSED OF WAILING ADDRESS COOW Jackson Blvd. This FINANCING STATEMENT.	ORGANIZATION DEBTOR AME (or NAME of T NAME CE Corp. NAME Suite 720 ENT covers the following	OTAL ASSIGNEE of ASSIGNO	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY	ame (3a or 3t	GANIZATIONAL ID #, if and only in the second	SUFFIX	
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SECURED PARTY'S NA 3a. ORGANIZATION'S N Prime Acceptant 3b. INDIVIDUAL'S LAST c. MAILING ADDRESS 200 W Jackson Blvd This FINANCING STATEME RAINSOFT WATER S' Complete only when The initial indebted	ORGANIZATION DEBTOR AME (or NAME of Tolame Ce Corp. NAME Suite 720 ENT covers the following YSTEM filing with the ness secured by 5.15 per \$100.0	Judge of Probate: y this financing stateme 0 or fraction thereof) \$1	2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one_ secured party FIRST NAME CITY Chicago	ag. OR MIDDLE	GANIZATIONAL ID #, if an only only only only only only only onl	SUFFIX COUNTRY USA	

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10789505



INANCING STATEME OLLOW INSTRUCTIONS (front and ba	ENT ADDI ack) CAREFULLY	ENDUM					
NAME OF FIRST DEBTOR (1a or 1b)		NANCING STATEM	ENT				
9a. ORGANIZATION'S NAME							
9b. INDIVIDUAL'S LAST NAME BUTLER	FIRST NAME		MIDDLE NAME, SUFFIX				
). MISCELLANEOUS							
0789505-AL-117							
0656 PRIME ACCEPTAN							
ile with: CC AL Shelby, AL							
					····	R FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME	- insert only o <u>ne</u> r	name (11a or 11b) - do not a	bbreviate or combin	e names		
						<u> </u>	
11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
Id. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZA DEBTOR	RE 11e. TYPE OF	ORGANIZATION	11f. JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL ID#, if	f any
ADDITIONAL SECURED PAR	TY'S or A	SSIGNOR S/P's N	AME - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME							
12b. INDIVIDUAL'S LAST NAME		<u>,</u>	FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	timber to be cut on the cut of th	as-extracted	16. Additional collateral desc	ription:			
4. Description of real estate:							
escription: T-R-S: 21-3W-25 14 SUBDIV: SILVER CREEK	BOOK/PAGE SECTOR 02	: 29-81 LOT: PH 01 APN:					
3-7-25-2-002-014-000							
-							
			} }				
5. Name and address of a PECOPD OWNE	P of above-described	roal estate					
5. Name and address of a RECORD OWNE (if Debtor does not have a record interes		, car colaic					
	•		17. Check only if applicable a			· · · · · · · · · · · · · · · · · · ·	
				Trustee acting with res		perty held in trust or	Decedent's Estate
			18. Check only if applicable a		Χ.		
			Debtor is a TRANSMITT Filed in connection with		Transaction	n effective 30 years	
			Filed in connection with	•			
ING OFFICE COPY - NATIONAL UC	C EINIANICINIC CT	ATENIENT ADDENI					ct Services, Inc., P.O.