

20070406000158930 1/2 \$38.50  
Shelby Cnty Judge of Probate, AL  
04/06/2007 01:21:25PM FILED/CERT

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |                                 |
|--|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone:(800) 331-3282 Fax: (818) 662-4141 |                                 |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address)   | 10656 PRIME ACCEPTAN            |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                           | 10834658<br><br>ALAL<br>FIXTURE |
| File with: CC AL Shelby, AL  |                                 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|  |   |                          |                                  |  |                      |                |
|--|---|--------------------------|----------------------------------|--|----------------------|----------------|
| 1a. ORGANIZATION'S NAME                |   |                          |                                  |  |                      |                |
| OR                                     | 1b. INDIVIDUAL'S LAST NAME<br>MINIEX    |                          | FIRST NAME<br>Chad               | MIDDLE NAME  | SUFFIX               |                |
| 1c. MAILING ADDRESS<br>114 MARIGOLD DR |   |                          | CITY<br>ALABASTER                | STATE<br>AL  | POSTAL CODE<br>35007 | COUNTRY<br>USA |
| 1d. SEE INSTRUCTIONS                   | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |                      |                |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                         |   |                          |                                  |  |             |         |
|-------------------------|---|--------------------------|----------------------------------|--|-------------|---------|
| 2a. ORGANIZATION'S NAME |   |                          |                                  |  |             |         |
| OR                      | 2b. INDIVIDUAL'S LAST NAME              |                          | FIRST NAME                       | MIDDLE NAME  | SUFFIX      |         |
| 2c. MAILING ADDRESS     |   |                          | CITY                             | STATE  | POSTAL CODE | COUNTRY |
| 2d. SEE INSTRUCTIONS    | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |             |         |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|  |                            |  |                 |             |                      |                |
|--|----------------------------|--|-----------------|-------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME<br>Prime Acceptance Corp.    |                            |  |                 |             |                      |                |
| OR   | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME      | MIDDLE NAME | SUFFIX               |                |
| 3c. MAILING ADDRESS<br>200 W Jackson Blvd. Suite 720 |                            |  | CITY<br>Chicago | STATE<br>IL | POSTAL CODE<br>60606 | COUNTRY<br>USA |

4. This FINANCING STATEMENT covers the following collateral:

RAINSOFT WATER SYSTEM

Complete only when filing with the Judge of Probate:  
The initial indebtedness secured by this financing statement is \$6,990.00  
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$10.50

|   |               |                     |  |              |          |  |
|---|---------------|---------------------|--|--------------|----------|--|
| 5. ALTERNATIVE DESIGNATION [if applicable]  | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR  | SELLER/BUYER | AG. LIEN | NON-UCC FILING   |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] |               |                     | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] |              |          | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA  |               |                     |  |              |          |  |

10834658

620070794



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## FINANCING STATEMENT ADDENDUM

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### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                                      |                    |                     |
|--------------------------------------|--------------------|---------------------|
| 9a. ORGANIZATION'S NAME              |                    |                     |
| OR                                   |                    |                     |
| 9b. INDIVIDUAL'S LAST NAME<br>MINIEX | FIRST NAME<br>Chad | MIDDLE NAME, SUFFIX |

### 10. MISCELLANEOUS

10834658-AL-117

10656 PRIME ACCEPTAN

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### 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    |                                   |                           |  |                     |
| OR                          |                                   |                           |  |                     |
| 11b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME                | MIDDLE NAME  | SUFFIX              |
| 11c. MAILING ADDRESS        |                                   | CITY                      | STATE  | POSTAL CODE COUNTRY |
| 11d. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION                              |                     |
|                             |                                   |                           | 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |                     |

### 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

|                             |  |            |             |                     |
|-----------------------------|--|------------|-------------|---------------------|
| 12a. ORGANIZATION'S NAME    |  |            |             |                     |
| OR                          |  |            |             |                     |
| 12b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX              |
| 12c. MAILING ADDRESS        |  | CITY       | STATE       | POSTAL CODE COUNTRY |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

16. Additional collateral description:

14. Description of real estate:

Description: LOT 122 ACCORDING TO THE SURVEY OF PHASE ONE HIDDEN CREEK III AS RECORDED IN MAP BOOK 26, PAGE 13, SHELBY COUNTY, ALABAMA RECORDS. APN: 23-5-21-0-006-039-000

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.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

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

- ☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
☐ Filed in connection with a Public-Finance Transaction -- effective 30 years