	<b>;</b>
···································	

## 20070619000287910 1/2 \$35.50 Shelby Cnty Judge of Probate, AL 06/19/2007 03:23:41PM FILED/CERT

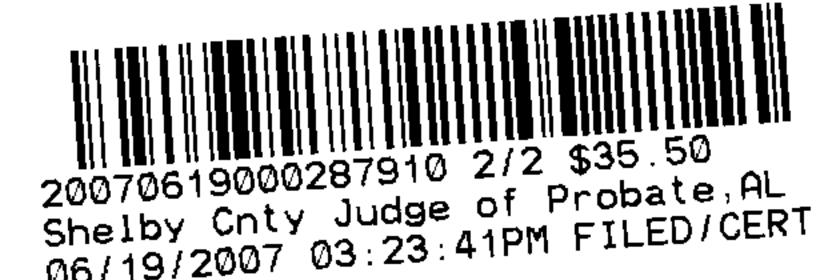
## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT F!LER [optional]

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Phone:(800) 331-3282 Fax: (818) 662-4141

SUFFIX  ODE COUNTRY USA		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
SUFFIX  ODE COUNTRY USA  L ID #, if any		
ODE COUNTRY USA		
ODE COUNTRY USA		
ODE COUNTRY USA		
L ID #, if any		
L ID #, if any		
L ID #, if any		
<u>-</u>		
·		
SUFFIX		
ODE COUNTRY		
JUE		
L ID #, if any		
NO		
MIDDLE NAME SUFFIX		
JOHN		
ODE COUNTRY		
USA		
<u></u>		
AG. LIEN NON-UCC FIL		
AG. LIEN NON-UCC FIL  Debtors Debtor 1 Debtor		
_		



FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
. NAME OF FIRST DEBTOR (1a or 1	b) ON RELATE	ED FINANCING STATEM	1ENT				
9a. ORGANIZATION'S NAME				· .			
9b. INDIVIDUAL'S LAST NAME BROWNLOW	·	NAME ARLES	MIDDLE NAME, SUFFIX		•		
0. MISCELLANEOUS		•					
1410143-AL-117				,			
0656 PRIME ACCEPTAN				·			
	•						
ile with: CC AL Shelby, AL							
				THE ABOVE SPAC	E IS FOR	R FILING OFFICE US	E ONLY
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL N	NAME - insert only o <u>ne</u> r	name (11a or 11b) - do not a	abbreviate or combine r	names		
11a. ORGANIZATION'S NAME							
11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
a MAULINIC ADDDESS			CITY			DOCTAL CODE	COLINITEDY
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
······································			11f. JURISDICTION OF ORGANIZATION		1g. ORG	SANIZATIONAL ID #,	if any
ORGANIZ DEBTOR							NONE
ADDITIONAL SECURED PA	RTY'S or	ASSIGNOR S/P's NA	AME - insert only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME							
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE N	IAME	SUFFIX
c. MAILING ADDRESS			CITY	\$	STATE	POSTAL CODE	COUNTRY
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
B. This FINANCING STATEMENT covers collateral or is filed as a X fixture fi		e cut or as-extracted	16. Additional collateral desc	cription:			
Description of real estate:	<b>014 = 100</b>						
escription: LOT 22 IN BLOOURVEY OF GREEN VALLE							
ECORDED IN MAP BOOK ( FFICE OF SHELBY COUNT	6 PAGE 21	IN THE PROBATE					
TUATED IN SHELBY COU 3-6-1-001-031-000							
7-0-1-001-031-000							
• • • • • • • • • • • • • • • • • • •	<b>-</b>						
Name and address of a RECORD OWNI  (if Debtor does not have a record interest)		cribed real estate					
			17. Check only if applicable a	and check only one box.			
			<u> </u>	Trustee acting with respec	t to prope	rty held in trust or	Decedent's Estate
	18. Check only if applicable and check only one box.						
	Debtor is a TRANSMITTING UTILITY						
				a Manufactured-Home Tra		·	
			Filed in connection with	a Public-Finance Transacti	on effe	ctive 30 years	