



20070626000298400 1/2 \$33.85 Shelby Cnty Judge of Probate,AL 06/26/2007 09:52:29AM FILED/CERT

UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

AL GAS Contact Standard S

	THE ABOVE	E SPACE IS FOR FILING OFFIC	E USE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a			
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
E11107+	Lhristian		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1485 SECYETATIAT LANDILINFORE 18. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, i	0 000
ORGANIZATION DEBTOR	II. JONIGOT ON GANIZATION		NONE
ב. באטייייטואר שבער ויאט בארט באר	ebtor name (2a or 2b) - do not abbreviate or con	nbine names	<u></u> .
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
<u> </u>		OTATE IDOOTAL CODE	
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, i	if any
DEBTOR DECLINED DATE (10)			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME A A A A A A A A A A A A A	S/P) - insert only <u>one</u> secured party name (3a or	r 3b)	· -
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 20 South 20 #8+	CITY Bham	STATE POSTAL CODE	COUNTRY USA
4. This FINANCING STATEMENT covers the following collateral:			
1 Tengeston 2/2 Ton x 5072307	1/c N2A330	PANA 200	
1 Tempeter 3/2 Ton X043543578	Cod EDM2 An	X30 Ball work Fin. \$3	3900
1 Torstar 75M Fun	NAC NSMP	NO 25 BIDE	3/
A044645405			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIDERATE CONSIDERATE RECORDS. Attach Addendum [if applicable]: LESSEE/LESSOR CONS		SELLER/BUYER AG. LIE ORT(S) on Debtor(s) [optional] All Debtors	

UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) CAF						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT						
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S LAST NAME F	IRST NAME CUYIS FIAN	MIDDLE NAME,SUFFIX				
10. MISCELLANEOUS:						
11. ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only <u>one</u> name	e (11a or 11b) - do not abbrev			S FOR FILING OFFICE	USE ONLY
11b. INDIVIDUAL'S LAST NAME	FI	IRSTNAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	С	ITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e ORGANIZATION DEBTOR	TYPE OF ORGANIZATION 11	1f. JURISDICTION OF ORGAN	NIZATION	11g. ORG	SANIZATIONAL ID #, if any	NON
	ASSIGNOR S/P'S N	IAME - insert only <u>one</u> name	(12a or 12b)	·	·	
12b. INDIVIDUAL'S LAST NAME	F	IRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	C	Plasant	6rou	STATE	POSTAL CODE 35127	COUNTRY
13. This FINANCING STATEMENT covers timber collateral, or is filed as a fixture filing. 14. Description of real estate:	to be cut or as-extracted 16	6. Additional collateral descri	ption:			
Lot 22 DeAring 6th Add Phase 2	Downs					
FINAL PLATT						
MAPBK Page 11						
Shelby Co. A	5					
15. Name and address of a RECORD OWNER of abov (if Debtor does not have a record interest):						
	1	7. Check <u>only</u> if applicable an	d check only one box		·	
	D		rustee acting with re	spect to pr	operty held in trust or	Decedent's Estate
		Debtor is a TRANSMITTING		-		
		Filed in connection with a l		ransaction	— effective 30 years	
		Filed in connection with a	Public-Finance Transa	ction — ef	fective 30 years	