

UCC FINANCING STATEMENT

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

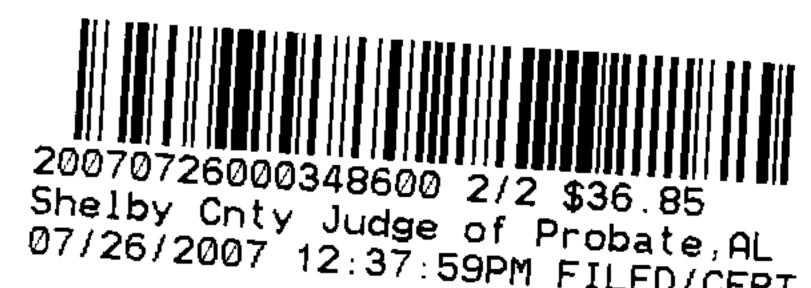
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME AC	CEPTAN				• -	
UCC Direct Services	11714968					•	
P.O. Box 29071	11717300					· · ·	
Glendale, CA 91209-9071	ALAL						
	FIXTURE						
Eilo with: CC AL S	Shalby Al						
File with: CC AL S 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only of the second seco		1b) - do not abb			ING OFFICE USE ONL	Y .	
1a. ORGANIZATION'S NAME	o <u>ne</u> debtor harne (1a or				<u></u>	•	
OR 1b. INDIVIDUAL'S LAST NAME	FI	IRST NAME		MIDDLE	NAME	SUFFIX	
SHINE		MICHAEL					
1c. MAILING ADDRESS 510 WALKER RD	1 1	PELHAM		STATE	POSTAL CODE 35124	COUNTRY	
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE O ORGANIZATION DEBTOR	F ORGANIZATION 1f	JURISDICTION	OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if ar	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAMI	E - insert only o <u>ne</u> debto	r name (2a or 2	b) - do not abbreviate	or combine na	mes		
2a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	•	
OR OL MADE A OT MADE		TOT NAME		LMIDDLE	LIA NAC	SUFFIX	
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	VAIVIE	SUFFIX	
2c. MAILING ADDRESS	С	iTY ·	· ·	STATE	POSTAL CODE	COUNTRY -	
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION		2g. ORG	2g. ORGANIZATIONAL ID #, if any		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASS 3a. ORGANIZATION'S NAME Prime Acceptance Corp.	SIGNEE of ASSIGNOR S	/P) - insert only	o <u>ne</u> secured party n	ame (3a or 3b)			
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
3c. MAILING ADDRESS 200 W Jackson Blvd. Suite 720		Chicago		STATE	POSTAL CODE 60606	COUNTRY	
4. This FINANCING STATEMENT covers the following collateral:		<u> </u>	- :			•	
WATER TREATMENT SYSTEM							
· · · · · · · · · · · · · · · · · · ·					-	•	
			· .				
			•				
	•					·•	
·			-				
	•		,				
•			•				
Complete only when filing with the Judge of The initial indebtedness secured by this final Mortgage tax due (\$.15 per \$100.00 or frac	ancing statement is	\$5,850.00	•		,	•	
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/L		E/CONSIGNOR	BAILEE/BAILOR	SELLER/BL	YER AG. LIEN	NON-UCC FILING	
6. X This FINANCING STATEMENT is to be filed [for record] ESTATE RECORDS. Attach Addendum	(or recorded) in the REAL (if applicable)	7. Check to REGISTIONA	QUEST SEARCH REPO L FEEI	RT(S) on Debtor(All Debtors	Debtor 1 Debtor 2	

8. OPTIONAL FILER REFERENCE DATA

11714968



INIANCING STATES	MENT ADDENDUM				. 12.37:59PM F				
DLLOW INSTRUCTIONS (front and	back) CAREFULLY	····		-					
IAME OF FIRST DEBTOR (1a or 9a. ORGANIZATION'S NAME	1b) ON RELATED FINANCING STAT	EMENT				•			
9b. INDIVIDUAL'S LAST NAME SHINE	FIRST NAME MICHAEL	MIDDLE NAME,SUFFIX							
MISCELLANEOUS									
714968-AL-117									
656 PRIME ACCEPTAN									
e with: CC AL Shelby, AL	•		THE ABOVE SP	ACE IS FOR	R FILING OFFICE USE	ONLY			
ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one	e_ name (11a or 11b) - do not a	abbreviate or combin	e names					
11a. ORGANIZATION'S NAME				•					
11b. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE NAME		SUFFIX			
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
I. <u>SEE INSTRUCTION</u> ADD'L IN ORGANI DEBTOR	ZATION	11f. JURISDICTION OF ORG	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any				
ADDITIONAL SECURED P.	ARTY'S or ASSIGNOR S/P's	NAME - insert only one name	e (12a or 12b)						
12a. ORGANIZATION'S NAME			·						
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	LJ	ed 16. Additional collateral des	cription:						
Description of real estate:		- ·		•					
escription: THE VILLAGE 3: 25 PG: 119 PARCEL: 1	AT STONEHAVEN PHASE 1 136234008006000								
		•							
•	•					•			
	-								
Name and address of a RECORD OWI			•			· .			
•		17. Check only if applicable	and check only one has	;					
	•	·	Trustee acting with res		erty held in trust or	Decedent's Estate			
•			18. Check only if applicable and check only one box.						
		Debtor is a TRANSMIT	TING UTILITY						
•		Filed in connection with	a Manufactured-Home	Transaction	effective 30 years	v			
		Filed in connection with	a Public-Finance Trans	action effe	ective 30 years				

