



## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>				
AlaGasco # 20 Conthe 20th Street					
Birming ham. Al. 35295					
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name		SPACE IS FU	R FILING OFFICE US	CONLY	
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S LAST NAME  (C) (26014	FIRST NAME /	MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS 162 Medical Coll 91.	CITY Alabarter	STATE.	POSTAL CODE	COUNTRY	
'FO RE 1e. TYPE OF ORGANIZATIO ATION		1g. ORGA	NIZATIONAL ID #, if any		
				NON	
FULL LEGAL NAIVIE - Insert only	one debtor name (2a or 2b) - do not abbreviate or comb	oine names			
OR OF INDIVIDUALIS FACTAINA		<b>.</b>			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	N 2f. JURISDICTION OF ORGANIZATION	2g. ORGA	2g. ORGANIZATIONAL ID #, if any		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	SNOR S/P) - insert only one secured party name (3a or 3	3b)		NON	
3a. ORGANIZATION'S NAME  ALCONOMICATION S NAME  OUT ON A STATE OF	#				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
3c. MAILING ADDRESS  # 20501 C 20 Street	Sirming ham	STATE	POSTAL CODE	COUNTRY	
4. This FINANCING STATEMENT covers the following collateral:					
Lea Roud AC Model # 7.  Jea Roud AH Model # U  Serial # M.  Serial # M.	404N24010X77 404N24010X77A				
	\$ 500	00,00			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR C	ONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BU	YER AG. LIEN	NON-UCC FILIN	

	ITEM 5078 (0107)
GREATLAND TO ORDER	CALL: 800-530-9393

All Debtors Debtor 1

8. OPTIONAL FILER REFERENCE DATA

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ESTATE RECORDS. Attach Addendum [if applicable] [ADDITIONAL FEE] [optional]

M			
STATEMENT			
/			
MIDDLE NAME, SUFFIX			
12.1			
		IS FOR FILING OFFIC	E USE ONLY
FIRST NAME	MIDDLE	NAME	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if an	y NON
P'S NAME - insert only <u>one</u> name (12a or 12b)			
			<del> </del>
FIRST NAME	MIDDLE	NAME	SUFFIX
	ATA TE	TROOTAL CODE	OO! INITON
Biming Can	A.	35710	COUNTRY
ed 16. Additional collateral description:			
17 Check only if applicable and about ante	and hav		
17. Check only if applicable and check only		roporty hold in truck	Doodonte Este
Debtor is a Trust or Trustee acting	g with respect to p	roperty held in trust or	Decedent's Estat
Debtor is a Trust or Trustee acting 18. Check only if applicable and check only	g with respect to p	roperty held in trust or	Decedent's Estat
Debtor is a Trust or Trustee acting	g with respect to pone box.		Decedent's Estat
	THE Anne name (11a or 11b) - do not abbreviate or combined in the second	THE ABOVE SPACE  MIDDLE  THE ABOVE SPACE  THE ABOVE SPACE	THE ABOVE SPACE IS FOR FILING OFFICE  THE ABOVE SPACE IS FOR FILING OF