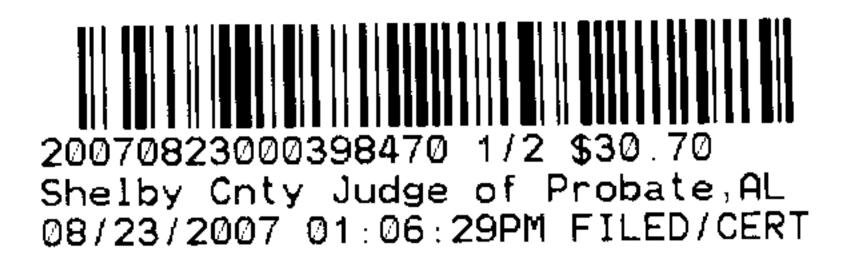
\$ 30.10



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Alaijasco The Saetho 2025 Frest Birming ham A1.35295	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

4 DERTOR'S EVACTEUR LEGALAMAR (mandamentale)						
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	FIRST NAME /	MIDDLE NAME	SUFFIX			
Holair	Willen					
1c. MAILING ADDRES8)	CITY	STATE POSTAL CODE	COUNTRY			
2153 Baily Breek 1)1.	DIVMING CXUL	41. 35244				
יר ביי ביי ייי 'L INFO RE 1e. TYPE OF ORGANIZATION \NIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
OR			NONE			
2. ADDITIONAL בובים באר באר באר א ACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or com	oine names				
2a. ORGANIZATION'S NAME	<u> </u>					
OR OF THE PROPERTY OF THE PROP	I CIDOT NIANAC	NAIDDLE NANE	Touren			
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 ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any				
DEBTOR			NONE			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name /3a or	3h)				
3a. ORGANIZATION'S NAME	/					
Alabienca Con Congration						
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
20 MAILINIC ADDUCCO (2)	CITY /1	OTATE IDOOTAL OODE	OOUNTDV/			
3c. MAILING ADDRESS () Let 20 th Street	Diming Can	STATE POSTAL CODE	COUNTRY			

4. This FINANCING STATEMENT covers the following collateral:

lea. Vanguard Wall Heater Model# VN 18TB Serial # wp66008CM

#1721,00

5	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE	/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-I	UCC FILING
6.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded)) in the REAL [if applicable]	7. Check to REQ [ADDITIONAL	UEST SEARCH REPO FEE]	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8	OPTIONAL FILER REFERENCE DATA								

UCC FINANCING STATEME	ENT ADDENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) C 9a. ORGANIZATION'S NAME		TEMENT				
OR 9b. INDIVIDUAL'S LAST NAME HOLD I	FIRST NAME	MIDDLE NAME,SUFFIX				
10. MISCELLANEOUS:						
			THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbre			· · · · · · · · · · · · · · · · · · ·	
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	•					
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	GANIZATIONAL ID #, if any	NONE
12. ADDITIONAL SECURED PARTY	'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			INCINE
12a. ORGANIZATION'S NAME	1100					
OR 12b. INDIVIDUAL'S LAST NAME	•	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
5865 Cld Leech		Diver 1 Mg		4).	35210	
13. This FINANCING STATEMENT covers tine collateral, or is filed as a fixture filing. 14. Description of real estate:	mber to be cut or as-extracted	16. Additional collateral descr	iption:			
1,75						
Livereliase West						
1 1 1 Cally de						
Man Back 6, Par	90 108					
The by Court	4					
3 0 0 0 7	()					
4						
15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-described real estate					
		17. Check only if applicable ar	nd check <u>only</u> one box	ζ.		
		Debtor is a Trust or			roperty held in trust or	Decedent's Estate
		18. Check only if applicable ar	•	ζ.		
		Debtor is a TRANSMITTING Filed in connection with a		Fransaction	— effective 30 years	
		Filed in connection with a				