UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Phone: (800) 331-3282 Fax: (8						
END ACKNOWLEDGEMENT TO: (Name and Addre	10656 PRIME	ACCEPTAN				
UCC Direct Services	1218907	72	•			
P.O. Box 29071						
Glendale, CA 91209-9071	ALAL FIXTUR	E				
File with: CC	C AL Shelby, AL		THE ABOVE SPA	CE IS FOR FI	LING OFFICE USE ONLY	
EBTOR'S EXACT FULL LEGAL NAME - inse	rt only o <u>ne</u> debtor name (1a	or 1b) - do not a	bbreviate or combine name	es	· · · · · · · · · · · · · · · · · · ·	<u></u>
1a. ORGANIZATION'S NAME						
15 INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
AILING ADDRESS NICHOLS RD	·	CITY		STATE	POSTAL CODE 35043	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 1e. ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	1f. JURISDICTIC	N OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
DDITIONAL DEBTOR'S EXACT FULL LEGAL	NAME - insert only one_ de	btor name (2a o	r 2b) - do not abbreviate or	combine na	mes	
2a. ORGANIZATION'S NAME						
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
AAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
ORGANIZATION	TYPE OF ORGANIZATION	2f. JURISDICTIO	ON OF ORGANIZATION	2g. ORG	SANIZATIONAL ID #, if any	NONE
	AL ASSIGNEE of ASSIGNO	R S/P) - insert or	nly o <u>ne</u> secured party nam	ne (3a or 3b)		
3a. ORGANIZATION'S NAME Prime Acceptance Corp.						
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS W Jackson Blvd. Suite 720	<u> </u>	CITY Chicago	•	STATE	POSTAL CODE 60606	COUNTRY
	Phone: (800) 331-3282 Fax: (800) 331-3282 Fax: (800) 331-3282 Fax: (800) 331-3282 Fax: (900) 331-3282 Fax:	Phone: (800) 331-3282 Fax: (818) 662-4141 END ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 Glendale, CA 91209-9071 File with: CC AL Shelby, AL EBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (1a 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME PHAM ANILING ADDRESS NICHOLS RD DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ de 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS EEL INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION'S NAME ALLING ADDRESS EEL INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION ORGANIZATI	Phone: (800) 331-3282 Fax: (818) 662-4141 END ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services 12189072 P.O. Box 29071 Glendale, CA 91209-9071 File with: CC AL Shelby, AL EBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not a 1a. ORGANIZATION'S NAME The instructions ADD'L INFO RE ORGANIZATION DEBTOR DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2a). ORGANIZATION'S NAME TO STRUCTIONS DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2a). ORGANIZATION'S NAME The insert only one_ debtor name (2a or 2a). ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2a). ORGANIZATION'S NAME The insert only one_ debtor name (2a or 2a). ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2a). ORGANIZATION'S NAME The insert only one_ debtor name (2a or 2a). ORGANIZATION DEBTOR The insert only one_ debtor name (2a or 2a). ORGANIZATION DEBTOR The insert only one_ debtor name (2a or 2a). ORGANIZATION DEBTOR The insert only one_ debtor name (2a or 2a). 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ORGANIZATION DEBTOR The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a or 1b) - do not a The insert only one_ debtor name (1a o	Phone: (800) 331-3282 Fax: (818) 662-4141 END ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 File with: CC AL Shelby, AL FIXTURE File with: CC AL Shelby, AL EBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine name 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME PHAM ANLONG INCHOLS RD EE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR DEBTOR DEDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or 2a. ORGANIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME EELINSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR'S DEATH ORGANIZATION DEBTOR DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR'S NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name and the prime Acceptance Corp. 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME	Phone: (800) 331-3282 Fax: (818) 662-4141 END ACKNOWLEDGEMENT TO: (Name and Address) 10656 PRIME ACCEPTAN UCC Direct Services 12189072 P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE File with: CC AL Shelby, AL THE ABOVE SPACE IS FOR FI EBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME PHAM ANLONG ISTATE AL EE INSTRUCTIONS ORGANIZATION DEBTOR DIDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine na 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME PRINTING DODESTOR DODITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine na 2a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE MIDDLE STATE AL STATE STATE SEE INSTRUCTIONS ORGANIZATION DEBTOR DRAMIZATION DEBTOR DRAMIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine na 2a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only one_ secured party name (3a or 3b) 3a. ORGANIZATION'S NAME Prime Acceptance Corp. 3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE FIRST NAME MIDDLE FIRST NAME MIDDLE MIDDLE	Phone: (800) 331-3282 Fax: (818) 662-4141 END ACKNOWLEDGEMENT TO: (Name and Address) 10656 PRIME ACCEPTAN UCC Direct Services 12189072 P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE File with: CC AL Shelby, AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY EBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME PHAM ANLONG MIDULE NAME FIRST NAME ANLONG ALL SEA CITY CHELSEA CITY CHELSEA AL 35043 1g. ORGANIZATION 2g. ORGANIZATION 2g. ORGANIZATION 1g. ORGANIZ

4. This FINANCING STATEMENT covers the following collateral:

RAINSOFT WATER SYSTEM

Complete only when filing with the Judge of Probate The initial indebtedness secured by this financing sometimes of Mortgage tax due (\$.15 per \$100.00 or fraction there	tatement is \$6,181.00		
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILO	R SELLER/BUYER AG. LIEN NON-UCC FI	ILING
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum) in the REAL 7. Check to REQUEST SEARCH R [if applicable] [ADDITIONAL FEE]	EPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 1	btor 2
8. OPTIONAL FILER REFERENCE DATA			
12189072	62	20070274	

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT						
9a. ORGANIZATION'S NAME	, OITHELT (125 (114) (140) (140) (140)		She	lby Cnt	0444730 2/3 \$39 y Judge of Prob	3.30 ate,AL
9b. INDIVIDUAL'S LAST NAME PHAM	FIRST NAME ANLONG	MIDDLE NAME, SUFFIX	09/2	21/2007	12:54:01PM FIL	.ED/CERT
D. MISCELLANEOUS						
2189072-AL-117						
0656 PRIME ACCEPTAN						
20070274						
ile with: CC AL Shelby, AL			THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only one	name (11a or 11b) - do not a	abbreviate or combine	e names		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
id. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORG	GANIZATION 11g. ORGANIZATIONAL ID #, if any			f any
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P's N	IAME - insert only <u>one</u> name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
						
3. This FINANCING STATEMENT covers collateral or is filed as a xi fixture filing	timber to be cut or as-extracted ag.	16. Additional collateral des	cription:			
4. Description of real estate:						
Description: COMMENCE AT DF THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 20 OF THE HUNTSVILLE MERID ALONG THE SOUTH LINE OF SEGINNING; CONTINUE ALO DISTANCE OF 71.92 FEET TO NICHOLS ROAD; TURN AN A 19' 24' 42' AND PROCEED AL	THE SOUTHWEST 1/4 OF SOUTH, RANGE 2 WEST IAN, PROCEED WESTERLY SAID 1/4 - 1/4 SECTION EET TO THE POINT OF NG SAID LINE FOR A DITHE CENTERLINE OF NGLE TO THE IRGHT OF					
OR A DISANTCE OF 42.26 FOR A DISANTCE OF 42.26 FOR A DISTAND FOR A DISTANDE OF 215.08 Name and address of a RECORD OWNER Name and address of a RECORD OWNER	PROCEED ALONG SAID ICE OF 140.39 FEET, TURN F 81' 36' 16' AND PROCEED FEET, TURN AN ANGLE TO					
(if Debtor does not have a record interes	st):					
		17. Check only if applicable	and check <u>only</u> one box.			
		Debtor is a Trust or	Trustee acting with resp	ect to prop	erty held in trust or	Decedent's Estat
	•	18. Check only if applicable a				

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction -- effective 30 years

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INANCING STATEME OLLOW INSTRUCTIONS (front and ba							
NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STATEN	MENT	· •				
				200709	21000444730 3/3	\$ \$30 30	
9b. INDIVIDUAL'S LAST NAME PHAM	FIRST NAME ANLONG	MIDDLE NAME, SUFFIX		Shelby	Cnty Judge of 2007 12:54:01PN	Probate, AL	
MISCELLANEOUS			-				
189072-AL-117							
656 PRIME ACCEPTAN							
0070274							
e with: CC AL Shelby, AL			THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY	
ADDITIONAL DEBTOR'S EXACT FOR THE SECOND STATE OF THE SECOND STATE	ULL LEGAL NAME - insert only o <u>ne</u>	name (11a or 11b) - do not	abbreviate or combine	names			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	······································	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY		STATE	POSTAL CODE	COUNTRY	
. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORG	ORGANIZATION 11g. ORGANIZATIONAL		GANIZATIONAL ID #, if	ID #, if any	
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P's N	AME - insert only <u>one</u> nam	e (12a or 12b)		·		
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 fixture filing	timber to be cut or as-extracted	16. Additional collateral des	cription:				
Description of real estate:							
HE RIGHT OF 57' 15' 18' ANI STANCE OF 131.76 FEET; GHT O F98' 02' 57' AND PR F 315.05 FEET TO THE POI	TURN AN ANGLE TO TEH OCEED FOR A DISTANCE						
Name and address of a RECORD OWNER (if Debtor does not have a record interes							
		17. Check <u>only</u> if applicable Debtor is a Trust or	and check <u>only</u> one box. Trustee acting with respe		erty held in trust or	Decedent's Estate	
		18. Check only if applicable Debtor is a TRANSMIT					
			a Manufactured-Home Tr	ransaction	effective 30 years		
		Filed in connection with	a Public-Finance Transac	ction effe	ective 30 years		