UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services P.O. Box 29071	12189526
Glendale, CA 91209-9071	ALAL FIXTURE
File with: CC AL Sh	helby, AL

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20070921000444740 of Probate, AL	
Shelby Chty Judge 3. 90/21/2007 01:00:07PM FILED/CER	ا ¦

THE ABOVE SPACE IS FOR FILING					LING OFFICE USE ONLY			
1. Di	EBTOR'S EXACT FUL	L LEGAL NAME -	insert only one debtor name (1	a or 1b) - do not	abbreviate or combine name	es		
	1a. ORGANIZATION'S NA	AME			· · · · · · · · · · · · · · · · · · ·		······································	
_								
	1b. INDIVIDUAL'S LAST I	NAME		FIRST NAME OF ORGANIZATION FIRST NAME NANCY CITY ALABASTER OF ORGANIZATION If, JURISDICTION OF ORGANIZATION FIRST NAME OF ORGANIZATION FIRST NAME OF ORGANIZATION If, JURISDICTION OF ORGANIZATION If, JURISDICTION OF ORGANIZATION If, JURISDICTION OF ORGANIZATION Ig, ORGANIZATIONAL ID #, if any NONE OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANIZATION INDUITED OF ORGANIZATION OF ORGANI				
	LITTLETON			NANCY				
 1с. М	IAILING ADDRESS	······································		CITY		STATE	POSTAL CODE	
113	ASHFORD LN			ALABAST	TER	AL	35007	USA
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICT	ION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
		ORGANIZATION DEBTOR				·		NONE
2. A[ODITIONAL DEBTOR'S	S EXACT FULL LI	EGAL NAME - insert only o <u>ne</u> d	lebtor name (2a	or 2b) - do not abbreviate or	combine na	mes	
	2a. ORGANIZATION'S NA	AME						
מכ		-						
	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2¢. M	IAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
2d. <u>S</u>	EE INSTRUCTIONS		2e. TYPE OF ORGANIZATION	2f. JURISDICT	ION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
		ORGANIZATION DEBTOR					-	NONE
3. SI	ECURED PARTY'S NA	ME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert o	only one secured party nan	ne (3a or 3b)		
		_						
ם ר	Prime Acceptanc	e Corp.						
	3b. INDIVIDUAL'S LAST	L LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names AME FIRST NAME NANCY	MIDDLE	MIDDLE NAME				
		C 700						
1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME LITTLETON 1c. MAILING ADDRESS 113 ASHFORD LN 1d. SEE INSTRUCTIONS			Cnicago		[60606	USA	

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM

Complete only when filing with the The initial indebtedness secured by Mortgage tax due (\$.15 per \$100.06)	this financing statement is \$6,450.0	00		
	LESSEE/LESSOR CONSIGNEE/CONSIGNO	OR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum 8. OPTIONAL FILER REFERENCE DATA	_ · · · · · · · · · · · · · · · · · · ·	o REQUEST SEARCH REPORT(S) IONAL FEEI Topti	on Debtor(s) ionall	Debtors Debtor 1 Debtor 2
12189526		62009098	3	

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY					20070921000444740 2/2 \$37.75			
9. NAME OF FIRST DEBTOR	(1a or 1b) ON F		VANCING STATEM	ENT	200 Sho	alby Cnty /21/2007	Judge of Proba 01:00:07PM FILE	ate,AL ED/CERT
9a. ORGANIZATION'S NAME								
9b. INDIVIDUAL'S LAST NAN LITTLETON	IE	FIRST NAME NANCY		MIDDLE NAME,SUFFIX				
10. MISCELLANEOUS	· · · · ·							
12189526-AL-117								
10656 PRIME ACCEP	TAN				:			
620090983								
File with: CC AL Shelby,	AL				THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S 11a. ORGANIZATION'S NA	····	EGAL NAME	- insert only o <u>ne</u> n	ame (11a or 11b) - do not	abbreviate or comb	ine names		
11b. INDIVIDUAL'S LAST N	AME	. ·	•	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	•			CITY		STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF	ORGANIZATION	11f. JURISDICTION OF OF	RGANIZATION	11g. OR	GANIZATIONAL ID#, if	f any NONE
12. ADDITIONAL SECU 12a. ORGANIZATION'S NA		or A	SSIGNOR S/P's NA	ME - insert only <u>one</u> nan	ne (12a or 12b)		······································	
OR 12b. INDIVIDUAL'S LAST N	AME			FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	·	· # · · · · · · · · · · · · · · ·	_	CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMEN collateral or is filed as a	_	ber to be cut o	r as-extracted	16. Additional collateral de	scription:			
14. Description of real estate:								
Description: LOT 9, A SECOND ADDITION TRECORDED IN MAP I OF THE JUDGE OF PALABAMA. PARCEL	O ASHFOR 300K 17, PA ROBATE OF	D HEIGHT AGE 29, IN SHELBY	TS, AS I THE OFFICE			• .		
15. Name and address of a REC (if Debtor does not have a r		ove-described	real estate			- -		
				17. Check only if applicable Debtor is a Trust or	Trustee acting with r	espect to prop	erty held in trust or	Decedent's Estate
	•			18. Check only if applicable Debtor is a TRANSMI Filed in connection with	TTING UTILITY		n effective 30 years	