

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|---------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141 | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | 19877 AQUA FINANCE, |
| UCC Direct Services | 12642278 |
| P.O. Box 29071 | ALAL |
| Glendale, CA 91209-9071 | FIXTURE |
| File with: CC AL Shelby, AL | |

20071113000520390 1/2 \$37.75
Shelby Cnty Judge of Probate, AL
11/13/2007 01:16:42PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|---|-------------------------------------|-----------------------------------|--------------------------|--|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names | | | | |
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME MCCOY | | FIRST NAME RONNIE | MIDDLE NAME J |
| 1c. MAILING ADDRESS 1965 22ND AVE | | CITY CALERA | STATE AL | POSTAL CODE 35040 |
| 1d. SEE INSTRUCTIONS | | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION |
| | | | | 1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names | | | | |
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 2d. SEE INSTRUCTIONS | | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |
| | | | | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b) | | | | |
| 3a. ORGANIZATION'S NAME AQUA FINANCE INC | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME |
| 3c. MAILING ADDRESS PO BOX 844 | | CITY WAUSAU | STATE WI | POSTAL CODE 54402 |
| | | | | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

HVAC HEATING AND AIR CONDITIONING

Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$6,450.00
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$9.75

| | | | | | | |
|---|---|---------------------|--|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable] | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] | | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 | | | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

12642278 S588632 19877

FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | |
|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME | | |
| OR | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| MCCOY | RONNIE | J |

10. MISCELLANEOUS

12642278-AL-117

19877 AQUA FINANCE,

S588632

19877

File with: CC AL Shelby, AL



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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | | |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|---|
| 11a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| 11d. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

| | | | | |
|-----------------------------|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| 12c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral or is filed as a ☒ fixture filing.

14. Description of real estate:

Description: SEC 3 TWN 24N RNG 13E LOTS 8,9
DUNSTANS SUBDIVISION

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years
☐ Filed in connection with a Public-Finance Transaction -- effective 30 years