

**UCC FINANCING STATEMENT** 

OLLOW INSTRUCTIONS (front and back) CARE	FULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141					
3. SEND ACKNOWLEDGEMENT TO: (Name and Address)	E ACCEPTAN					
UCC Direct Services	131097	710				
P.O. Box 29071						
Glendale, CA 91209-9071	ALAL FIXTUF	₹E .				
File with: CC AL SI	helby Al					
DEBTOR'S EXACT FULL LEGAL NAME - insert only o		······································		ILING OFFICE USE ON	_Y	
1a. ORGANIZATION'S NAME						
· · · · · · · · · · · · · · · · · · ·		· ,	<u> </u>		_	
1b. INDIVIDUAL'S LAST NAME BURNETT	· · · · • • • • • • • • • • • • • • • •	FIRST NAME  JAMES	MIDDLE	MIDDLE NAME		
25 CANTERBURY RD	PELHAM	STATE	POSTAL CODE 35124	COUNTRY USA		
J. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR	ORGANIZATION		ON 1g. OR	SANIZATIONAL ID #, if a	ny NO	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME	- insert only o <u>ne</u> o	debtor name (2a or 2b) - do not abbr	eviate or combine na	ames		
2a. ORGANIZATION'S NAME						
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	ORGANIZATION		ON 2g. OR	2g. ORGANIZATIONAL ID #, if a		
SECURED PARTY'S NAME (or NAME of TOTAL ASSI	GNEE of ASSIGNO	OR S/P) - insert only o <u>ne</u> secured p	party name (3a or 3b	)	NC	
3a. ORGANIZATION'S NAME Prime Acceptance Corp.						
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME			
. MAILING ADDRESS 00 W Jackson Blvd. Suite 720		Chicago	STATE	POSTAL CODE 60606	COUNTRY	
This FINANCING STATEMENT covers the following collateral:						
AINSOFT WATER SYSTEM						
THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL						

CONSIGNEE/CONSIGNOR

[ADDITIONAL FEE]

[if applicable]

LESSEE/LESSOR

Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$5.25\_

6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

5. ALTERNATIVE DESIGNATION [if applicable]

8. OPTIONAL FILER REFERENCE DATA

13109710

Debtor 1

NON-UCC FILING

Debtor 2

AG. LIEN

All Debtors

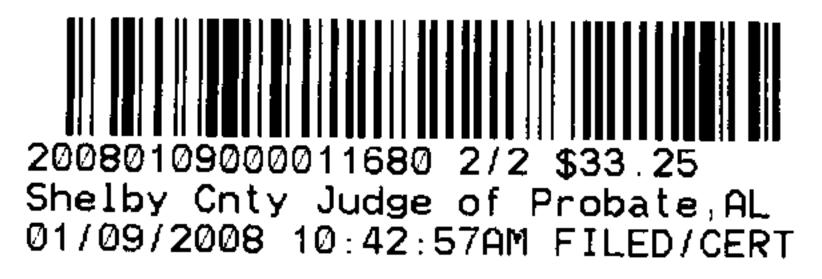
SELLER/BUYER

[optional]

620071237

BAILEE/BAILOR

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)



FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
9. NAME OF FIRST DEBTOR (1a or 1b)			1ENT				
9a. ORGANIZATION'S NAME							
96. INDIVIDUAL'S LAST NAME BURNETT		ST NAME MES	MIDDLE NAME, SUFFI	X			
0. MISCELLANEOUS	<u> </u>	<u> </u>					
3109710-AL-117							
10656 PRIME ACCEPTAN							
520071237							
File with: CC AL Shelby, AL				THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT FU	L LEGAI	NAME - insert only o <u>ne</u> r	name (11a or 11b) - do n	ot abbreviate or com	nbine names		· · · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME							•
11b. INDIVIDUAL'S LAST NAME	<u></u>		FIRST NAME		MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any		
2. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	Y'S <u>or</u>	ASSIGNOR S/P's N/	AME - insert only <u>one</u> na	ame (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
O TEL CINIANIOINO OTATEMENT	A		40 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
3. This FINANCING STATEMENT covers collateral or is filed as a x fixture filing		be cut or as-extracted	16. Additional collateral of	escription:			
4. Description of real estate:							
Description: LOT 22, IN BLOCK ESTATES, THIRD SECTOR, A RECORDED IN MAP BOOK 5, PROBATE OFFICE OF SHELBY SITUATED IN SHELBY COUNT 13-1-11-4-001-016-000 LEGAL	CCOR ON PA ( COUN Y, ALA	DING TO MAP AS GE 83, IN THE NTY, ALABAMA. ABAMA. APN:					
5. Name and address of a RECORD OWNER ( (if Debtor does not have a record interest)		escribed real estate					
			17. Check only if applicat				
			Debtor is a Trust or			erty held in trust or	Decedent's Estate
			18. Check <u>only</u> if applicat		box.		
			Debtor is a TRANSM Filed in connection w	ITTING UTILITY with a Manufactured-Ho	me Transaction	effective 30 years	·
				ith a Public-Finance Tr			