- 20080507000187970 1/2 \$36 85
Shelby Coty Judge of Probate O
05/07/2008 01:34:40PM FILED/CERT

UCC FINANCING STATEMENT

4. This FINANCING STATEMENT covers the following collateral:

Rheem Furnace

Rheem 3 ton 135

m# Rand - 036 JAZ

M# RGPN-07EAMOR

S# FUSD 302F640801190

5# 7297 m 1108 06956

RheemCoil m# RCFA-HM 3617AC

5# m060817142

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) # 20 SOUTH 20 TH STRET
BIRMINHAM, AL 35295

Carl Str. Carlo

(Amt \$ 5900.00)

	THE ABOVE	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
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						
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
Powens	MICHAEL	W				
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE		COUNTRY		
340 WIXFORD TRACE	ALABASTEA	AC	35007			
1d. TAX ID # SSN OD T'' ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any			
ORGANIZATION ' DEBTOR	į	1		NONE		
Z. AUDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or com	bine names				
2a. ORGANIZATION'S NAME						
OR 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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any				
ORGANIZATION	1	- 5				
DEBTOR				NONE		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	R S/P) - insert only <u>one</u> secured party name (3a or	3b)		···		
3a. ORGANIZATION'S NAME						
OR ALABAMA (MS CORPANATION)						
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
#20 South 20th START	BIMNYHM	AL	35295			

6. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [1	for record] (or recorded) in th [if	he REAL 7. Check to REG applicable] [ADDITIONAL	QUEST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
OPTIONAL EILER REFERENCE DATA						

UCC FINANCING STATE					
9. NAME OF FIRST DEBTOR (1a or 1)		ATEMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
Powers	MICHAEL	W			
10. MISCELLANEOUS:					
			THE ABOVE SPACE	IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevia	ate or combine names		
11a. ORGANIZATION'S NAME			, <u>-</u> , "		
OR					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
44 44 44 44 44 44 44 44 44 44 44 44 44				IDOOTAL CODE	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO FOR ORGANIZATION DEBTOR	!	11f. JURISDICTION OF ORGAN	IZATION 11g. OR	GANIZATIONAL ID #, i	f any
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	S NAME - insert only <u>one</u> name (12a or 12b)		
12a. ORGANIZATION'S NAME					
	MF017	Teleo a transfer			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
372 OXMOON CIVE	CUITE OIL	Homewood	A	35207	
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate: Weathrift SECTION 24 MAPE PG. 144 LOT 34	LD MOORE BOOK 20	16. Additional collateral descrip	etion:		
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):		17. Check only if applicable and Debtor is a Trust or Trust 18. Check only if applicable and	ustee acting with respect to p	roperty held in trust o	r Decedent's Estate