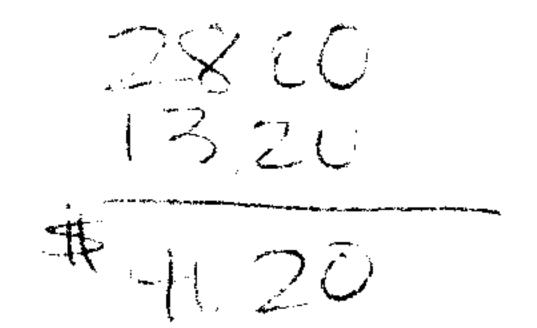
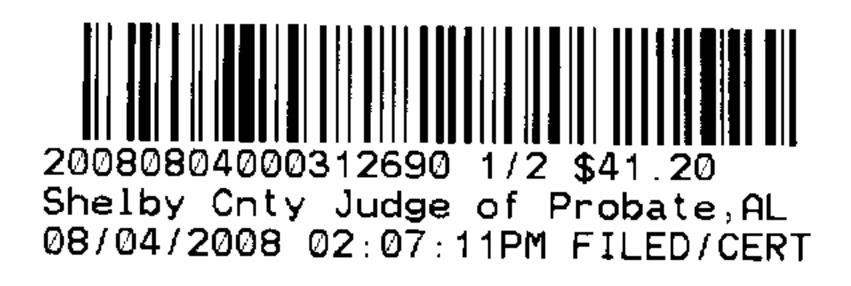
 ©	5
	The state of the st







UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Hoopson acmingthe services	35305 35005			
	 THE ABOVE SE	PACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a of 1a. ORGANIZATION'S NAME	r 1b) - do not abbreviate or combine names			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
1c. MAILING ADDRESS 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	CITY 1f. JURISDICTION OF ORGANIZATION	STATE 1g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
ORGANIZATION DEBTOR				NONE
2. בייייייי BTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> de 2a. ORGANIZATION'S NAME	btor name (2a or 2b) - do not abbreviate or combine	names	· · · · · · · · · · · · · · · · · · ·	· · · · ·
Za. ORGANIZATION SINAME			-	
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 ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR START OF STA	S/P) - insert only <u>one</u> secured party name (3a or 3b)			
OR St. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Lognes and support	Branco	AL	3025	
4. This FINANCING STATEMENT covers the following collateral: 555000000000000000000000000000000000	mode)			
	NEE/CONSIGNOR BAILEE/BAILOR 7. Check to REQUEST SEARCH REPORT(S	SELLER/BU		NON-UCC FILING

UCC FINANCING STATEMEN	T ADDENDUN	1				
FOLLOW INSTRUCTIONS (front and back) CAF 9. NAME OF FIRST DEBTOR (1a or 1b) ON F		TATEMENT				
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX				
Tonor	resis	Sacat				
10. MISCELLANEOUS:						
			THE ABOVE SE	PACEI	S FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LE	EGAL NAME - insert only <u>or</u>	e name (11a or 11b) - do not abbrev	iate or combine names			
11a. ORGANIZATION'S NAME					•	·
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	Enai	IDDLE N		SUFFIX
TID. INDIVIDUAL S LAST NAME			1411	IDDLL I	4/XIVIL	
11c. MAILING ADDRESS		CITY	S	TATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	NIZATION 11	lg. ORG	ANIZATIONAL ID #, if any	y NONI
12. ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/F	S NAME - insert only <u>one</u> name	(12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS		FIRST NAME CITY	M	IDDLE N	POSTAL CODE	SUFFIX
19851 XCD 1989		Pema	~	H	35/20	
13. This FINANCING STATEMENT covers timber collateral, or is filed as a fixture filing. 14. Description of real estate:	mer Braid Bread 18, Rock					
15. Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):		17. Check only if applicable an	rustee acting with respe	ect to pro	operty held in trust or	Decedent's Estate
		Debtor is a TRANSMITTING	3 UTILITY			
		Debtor is a TRANSMITTING Filed in connection with a least		nsaction	— effective 30 years	