Shelby Cnty Judge of Probate, AL 03/30/2009 12:45:43PM FILED/CERT

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,
CT Lien Solutions	17998354
P.O. Box 29071	ΛΙΛΙ
Glendale, CA 91209-9071	ALAL
	FIXTURE
<u></u>	
File with: CC AL S	helby, AL
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (1a or 1b) - do not
1a. ORGANIZATION'S NAME	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

15. INDIVIDUAL'S LAST NAME FIRST NAME ELAINE STATE S			ies	1a or 1b) - do not abbreviate or combine names	insert only one_debtor name (1	LEGAL NAME -	DEBIOR'S EXACT FULL	1. D
15. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME STATE STATE						ME	1a. ORGANIZATION'S NAI	
MCGEE ELAINE S 1c. MAILING ADDRESS 5560 AFTON DR ADDL INFO RE ORGANIZATION DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME ADDL INFO RE ORGANIZATION DEBTOR CITY STATE POSTAL CODE THIS T NAME MIDDLE NAME ORGANIZATION OF ORGANIZATION 2g. ORGANIZATION OF ORGANIZATION DEBTOR ADDL INFO RE ORGANIZATION DEBTOR FIRST NAME FIRST NAME ACUA FINANCE INC 3a. ORGANIZATIONS NAME AQUA FINANCE INC 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	 _				·-·································			OR
10. MAILING ADDRESS 5560 AFTON DR ADDL INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine names 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME DR 2b. INDIVIDUAL'S LAST NAME ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR 2c. MAILING ADDRESS CITY STATE POSTAL CODE FIRST NAME MIDDLE NAME 2c. MAILING ADDRESS CITY STATE POSTAL CODE 2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b) 3a. ORGANIZATION'S NAME AQUA FINANCE INC 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	SUFFIX	NAME	MIDDLE N	FIRST NAME		IAME	16. INDIVIDUAL'S LAST N	
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	SUFFIX	NAME	MIDDLE N	FIRST NAME		AME	4	- ;
		—						
3c. MAILING ADDRESS STATE POSTAL CODE	COUNTRY	POSTAL CODE	STATE	CITY	·		. MAILING ADDRESS	3c. N
PO BOX 844 WI 54402	USA	54402	WI	WAUSAU			O BOX 844	PO

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM

complete only when filing with the Judge of Probate: he initial indebtedness secured by this financing statement is \$7,743.59 fortgage tax due (\$.15 per \$100.00 or fraction thereof) \$11.70

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicable]	7. Check to REQUEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
17998354	X401069802	1987	7	

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	back) CAREFULLY b) ON RELATED FINANCING STATEM	ENT	03/30/2009	12:45:43PM FIL	
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME MCGEE	FIRST NAME ELAINE	MIDDLE NAME, SUFFIX			
0. MISCELLANEOUS					
7998354-AL-117					
9877 AQUA FINANCE,					
ile with: CC AL Shelby, AL 19	9877 X401	069802	THE ABOVE SPACE IS FO	OR FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL NAME - insert only o <u>ne</u> r	name (11a or 11b) - do not abbrev	viate or combine names		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTION ADD'L INF		11f. JURISDICTION OF ORGANIZA	ATION 11g. OF	RGANIZATIONAL ID #, if	any
ORGANIZA DEBTOR	ATION				
DEBTOR ADDITIONAL SECURED PAI		AME - insert only one name (12a	a or 12b)		
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ADDITIONAL SECURED PAID 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 3. This FINANCING STATEMENT covers collateral or is filed as a X fixture file. 4. Description of real estate:	RTY'S or ASSIGNOR S/P's N/	FIRST NAME CITY	MIDDLE		SUFFIX
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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