



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Magasco	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT F	ULL LEGAL NAME - insert only <u>one</u> debtor na	me (1a or 1b) - do not abbreviate or combine nam	nes	
1a. ORGANIZATION'S N	AME			
OR 1b. INDIVIDUAL'S LAST	NAME : 1 A-D	FIRST NAME MADA	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION		M 1g. ORGANIZATIONAL ID #, if any	
	BTOR]		NONE
2a. ORGANIZATION'S N	EXACT FULL LEGAL NAME - insert on AME	iy <u>one</u> debior hame (Za or Zb) - do noi abbreviale	or compline names	
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	ON 2f. JURISDICTION OF ORGANIZATIO	N 2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S	S NAME (or NAME of TOTAL ASSIGNEE of ASS	SIGNOR S/P) - insert only <u>one</u> secured party name	e (3a or 3b)	
3a. ORGANIZATION'S N	AME	CORADIONS		
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	0 South 20 1/2	that Bilminghan	STATE POSTAL CODE AL 35295	COUNTRY
4. This FINANCING STATEM	ENT covers the following collateral:			

Made/ # 65×13024/ SERIA / # 690206/178 \$5,000 = Amount FinanceD

	ALTERNATIVE DESIGNATION [if applicable]:			E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-U	CCFILING
ô.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorde	d) in the REAL [if applicable]		JEST SEARCH REPO FEEI	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8.	OPTIONAL FILER REFERENCE DATA								

Shelby Cnty Judge of Probate, AL 06/23/2009 08:22:20 AM FILED/CERT

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 11b. INDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME FIRST NAME STATE POSTAL CODE COUNTRY CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11f. JURISDICTION OF ORGANIZATION 11e. TYPE OF ORGANIZATION 11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a, ORGANIZATION'S NAME SUFFIX MIDDLE NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY STATE 12c. MAILING ADDRESS CITY 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collateral description: as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: LET 1408 Brook Highland 14th SECTOR. MAP BOOK 23 PA9 2A & B. Name and address of a RECORD OWNER of above-described real estate. (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. 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