SPOR

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Falagasco # 20 South 20th St Birminghain AL 35295 * 38.00 HO.00

20090923000362310 1/2 \$40.00

20090923000362310 1/2 \$40.00 Shelby Cnty Judge of Probate, AL 09/23/2009 10:33:20 AM FILED/CERT

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a)		SPACE IS FU	OR FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME	<u> </u>			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 215 Flowerwood Dr	CITY	STATE	POSTAL CODE 35244	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NON
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or comb	ine 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 ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/D) insert only one secured party name /2e or 2			NON
3a. ORGANIZATION'S NAME A A A A A A A A A A A A A A A A A A A				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS + 20 South 20th St	Bhan	STATE	POSTAL CODE 35295	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: H TON NUTTONC				
	Coil			
		· -		
Furnace: m. KG7SA-090C-35C	m-COBH-XI S-CODO10	800 ⁻⁶	391	
Furnace: n-KG7SA-090C-35C s-KGD090700382	m-COBH-XI S-CODO90	500;	391	
Furnace: n. KG7SA-090C-35C	m-CloBH-X	500;	391	

CC FINANCING STATEMENT ADDENDUDLE OLLOW INSTRUCTIONS (front and back) CAREFULLY	M			
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING	STATEMENT	20090923000362310 2/2 \$4 Shelby Cnty Judge of Pro	Juace,	
9a. ORGANIZATION'S NAME		Shelby Chty Judge 3	FILED/CERT	
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME,SUFFIX			
I-lemina Juce	·			
MISCELLANEOUS: J				
	THE A	POVE SDACE IS EOD EII ING OEE	ICE LISE ONI V	
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only		BOVE SPACE IS FOR FILING OFF e names	ICE USE ONLT	
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR	
TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION	N 11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if	any	
ORGANIZATION DEBTOR				
ADDITIONAL SECURED PARTY'S of ASSIGNOR SA	P'S NAME - insert only <u>one</u> name (12a or 12b)	· · · · · · · · · · · · · · · · · · ·		
Total Comprove	Heatina & K	711		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
. MAILING ADDRESS	CITY_	STATE POSTAL CODE	COUNTRY	
25 Oxmoor Circle	Bham	AL 3520	3	
This FINANCING STATEMENT covers timber to be cut or as-extract	ted 16. Additional collateral description:			
collateral, or is filed as a fixture filing. Description of real estate.				
LOT 45 OF RIVERCHOSS				
NEST, 1St Addition				
nap Book - 7 Pg. 150				
MOND DOOR				
Shelby County				
Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
	17. Check <u>only</u> if applicable and check <u>only</u> of	one box.		
		with respect to property held in trust or	Decedent's E	
	18. Check only if applicable and check only on the control of the	one box.		

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years