anellow Shelby Cnty Judge of Probate, AL 11/23/2009 01:53:55 PM FILED/CERT **UCC FINANCING STATEMENT** FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) AlAGASCO #20 SOUTH 2012 STREET Bizmingham Al 35295 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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 AUSEY RINI 1c. MAILING ADDRESS POSTAL CODE STATE COUNTRY dive 1e. TYPE OF ORGANIZATION SSNOREIN ADD'L INFO RE 1d. TAX ID #: 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any **ORGANIZATION** DEBTOR NONE 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 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME-SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2d. TAX ID #: SSN OR EIN 2f. JURISDICTION OF OF GANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION **DEBTOR** NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. QRGANIZATION'S NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 4. This FINANCING STATEMENT covers the following collateral:

tanklesswaterheater.

5: 2109.01-00043/

#1200 #1500

5. AFTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR		BAILEE/BAILOR SELLER/B	UYER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	d) in the REAL 7. Check to REC [if applicable] [ADDITIONAL	QUEST SEARCH REPORT(S) on Debto FEE! [optional]	r(s) All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

JCC FINANCING STATEMEN						
OLLOW INSTRUCTIONS (front and back) Control (12 or 14) ON Section (12 or 15) ON	· · · · · · · · · · · · · · · · · · ·	TEMENT				
9a. ORGANIZATION'S NAME	- TALLATED THE MANAGEMENT OF THE					
OR						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
CAUSEY	renul/					
0.MISCELLANEOUS:		•				
			THE ABOVE	SPACE	S FOR FILING OFFIC	E USE ONLY
. ADDITIONAL DEBTOR'S EXACT FULL I	LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbrevi	ate or combine name	S		
11a. ORGANIZATION'S NAME					· · · -	
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1 ORGANIZATION	1e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	IIZATION	11g. ORG	SANIZATIONAL ID #, if an	y
DEBTOR					·	NON
ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			· · · · · · · · · · · · · · · · · ·
12a. ORGANIZATION'S NAME						
AOE IMPRIMENTALIO LA OTENIANE		TEIDOT NIANE		MIDDLE		Tourenv
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
23 14-igh / HAMP	on Deive			A	3<124	11 </th
	er to be cut or as-extracted	16. Additional collateral descrip	ntion:			I CA JA
collateral, or is filed as a fixture filing.	or to be out or as extracted	70. Additional collatoral descrip	711011.			
Description of real estate:						
Lot I, Sulvis High Hampton	en at					
	1/1/1					
Uirk HAM STON	, Sector 1					
5	• · · · · · · · · · · · · · · · · · · ·					
MAP BOOK 19,	Paul 89					
MAD ECC						
The 164 Cour	- ///					
The log Cour	16 HIADAMA					
N						
Name and address of a RECORD OWNER of about (if Debtor does not have a record interest):	ove-described real estate					
		47	····			
		17. Check only if applicable and	-			7
					operty held in trust or	Decedent's Estate
		18. Check only if applicable and				
		Debtor is a TRANSMITTING			. ee	
		Filed in connection with a M				
		Filed in connection with a P	ublic-Finance Transa	ction — ef	fective 30 years	