Shelby Cnty Judge of Probate, AL 01/14/2010 01:54:57 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 20 5Theat Birmingham Al 35295 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . DEBTOR'S EXACT FULL LEGAL NAME - insert only one 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 1c. MAILING ADDRESS 025 Little Tuetle Duive POSTAL CODE COUNTRY 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE 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 CITY STATE POSTAL CODE COUNTRY 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any 2f. JURISDICTION OF ORGANIZATION 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. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 20 South 20 Sient 4. This FINANCING STATEMENT covers the following collateral:

MANTAN FURNACE Merlet # MGC 25A054C23A Servil # MGD 090907285 #2000.00

6. ALTERNATIVE DESIGNATION [if applicable]:		R BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	or record] (or recorded)	REQUEST SEARCH REPONAL FEEL	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			•		

OLLOW INSTRUCTIONS (front and back) (9. NAME OF FIRST DEBTOR (1a or 1b) O		EMENT				
9a. ORGANIZATION'S NAME	RELATED FINANCING STATI					
Sa. OROANIZATION O NAME						
R 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
	1. /: //: A21					
Southern And	N 7 / / / / / / / / / / / / / / / / / /	13lice				
). MISCELLANEOUS:		•				
. ADDITIONAL DEBTOR'S EXACT FULL	LEGAL NAME - insert only <u>one</u> nar	ne (11a or 11b) - do not abbreviate			S FOR FILING OFFICE	USE ONLY
TIA. UNGANIZATION SINAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZA	ATION	11g. ORG	ANIZATIONAL ID #, if any	NO
ADDITIONAL SECURED PARTY'S	S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12	a or 12b)			
12a-ORGANIZATION'S NAME	1	110				
10000 HCCL	MUYAU					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
C. MAILING ADDRESS		CITY	•	STATE	POSTAL CODE	COUNTRY
M.D. 10-	+	Nelena		HL	(33)	
. This FINANCING STATEMENT covers time	per to be cut or as-extracted	16. Additional collateral descriptio	n:			
collateral, or is filed as a xxture filing.						
. Description of real estate:						
10710						
Buo Ken B	ow South					
Phase II						
MB 14 P	72					
Name and address of a RECORD OWNER of a (if Debtor does not have a record interest):	bove-described real estate					
		17. Check <u>only</u> if applicable and ch	eck only one hay	 .		
	Debtor is a Trust or Trust	_		nerty held in trust or	Decedent's Esta	
	<u> </u>		-	pect to pro	perty nela in dast of	pecenents ⊏Sta
		18. Check <u>only</u> if applicable and ch	•			
		Debtor is a TRANSMITTING UT				
		Filed in connection with a Man	ufactured-Home Tr	ansaction	— effective 30 years	
		Filed in connection with a Publ	ic-Finance Transac	ction effe	ective 30 years	