UCC FINANCING STATEMENT	Shell Job	201004150001149 Shelby Cnty Jud 04/15/2010 10:3	20 1/2 \$35.50 ge of Probate, AL 33:04 AM FILED/CERT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional])	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
FREECOM POBOX 542			
POUX			,
BUSUNO 350	21		
	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name 1a. ORGANIZATION'S NAME	e (1a or 1b) - do not abbreviate or combine names		
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1041 BAK MENDOUS F	3 Baninison	N 312AZ	-
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (2a or 2b) - do not abbreviate or combi	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
20. WIZIEING ADDINEGO			
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	N 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	SNOR S/P) - insert only one secured party name (3a or 3	b)	
3a. ORGANIZATION'S NAME ALOGO AS LO			
OR 3b. INDIVIDUAL'S LAST NAME.	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
#20 20111 84	Brangham	102 35238	Dest
4. This FINANCING STATEMENT covers the following collateral: 13 SCCP W COC Solution African	2) M CD12	200,	

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNEE/CONSIGNO	R BAILEE/BAILOR SELLER/BUYER	R AG. LIEN	NON-UCC FILING
Inis FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL 7. Check to	REQUEST SEARCH REPORT(S) on Debtor(s) NAL FEE! [optional]	Ail Debtors	Debtor 1 Debtor 2
3. OPTIONAL FILER REFERENCE DATA				

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UCC FINANCING STATEMENT ADDENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME	1 FIAIFIA I				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
LOSSOLL JOHNOY					
10.MISCELLANEOUS:					
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one r	ame (11a or 11b) - do not abbrevi			IS FOR FILING OFFIC	E USE ONLY
11a. ORGANIZATION'S NAME	idino (114 of 115) do not abbitori				<u> </u>
11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGAN	IIZATION	11g. OR0	SANIZATIONAL ID #, if an	y NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)		· · · · · · · · · · · · · · · · · · ·	
Fredom					
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
POSOCOU	Besseme	<i>\</i>	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate:	16. Additional collateral descrip	otion:			
Lot 17, according to the survey					
of OAK meadows, 1st Sector, of cecorded in Map Book 20					
ge 71, un-the problete office					
Shelby County, Alabama					
15. 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	d check <u>only</u> one box.			
				roperty held in trust or	Decedent's Estate
	18. Check <u>only</u> if applicable and				
	Debtor is a TRANSMITTING Filed in connection with a N		ransaction	— effective 30 vears	
	Filed in connection with a F				