Shelby Cnty Judge of Probate, AL 06/04/2010 10:40:02 AM 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) Brunghon DL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. 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
16F DIKMONT PL Marion 120155 STATE POSTAL CODE COUNTRY ADD'L INFO RE 1e. TYPE OF ORGANIZATION 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 CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 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. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS COUNTRY 4. This FINANCING STATEMENT covers the following collateral: 3 TON A/C CONDENSER MODEL # GSX 13036/BA 1003647967

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. ALT	ERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SEL	LLER/BUYER AG. L	IEN NON-UCC FILING
Ź	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in	n the REAL 7. Check to REQ [if applicable] [ADDITIONAL	UEST SEARCH REPORT(S) or FEE! (options		ors Debtor 1 Debtor 2
YAO .	JONAL FILER REFERENCE DATA					

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UCC FINANCING STATEMENT ADDENDUN							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	-						
9a, ORGANIZATION'S NAME	ATEMENT						
96. INDIVIDUAL'S LAST NAME SHOCKWELL May 101	MIDDLE NAME, SUFFIX						
10.MISCELLANEOUS:							
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			6/04/2010 10:40:02				
	i						
		THE ABOVE	SPACE IS FOR FILING	DEFICE LISE ONLY			
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev			OFFICE USE ONLY			
11a. ORGANIZATION'S NAME							
OR							
11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX			
11c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY			
ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	ATION	14 - ODCANIZATIONAL ID				
ORGANIZATION	1	NIZATION .	11g. ORGANIZATIONAL ID	· —			
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	S NAME - insert only <u>one</u> name	(12a or 12b)	·	NONE			
12a, ORGANIZATION'S NAME		(124 01 120)	· · · · · · · · · · · · · · · · · · ·				
TREDOM Hyg	~ (00) ING						
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX			
12c. MAILING ADDRESS	CITY		CTATE DOCTAL CODE				
630 ZOV ST	Bessens	21	STATE POSTAL CODE	COUNTRY			
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descri	·					
collateral, or is filed as a fixture filing.							
14. Description of real estate:							
Lot 42 A 3rd Sector							
LOT Yars							
Heatherwood							
1 Car 10 0000							
Resurvey Lot 40-45							
15. 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> one box.					
	Debtor is a Trust or Tr	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate					
	18. Check <u>only</u> if applicable and	check <u>only</u> one box.					
	Debtor is a TRANSMITTING						
			ransaction — effective 30 years	5			
	Filed in connection with a P	ublic-hinance Transa	ction — effective 30 years				