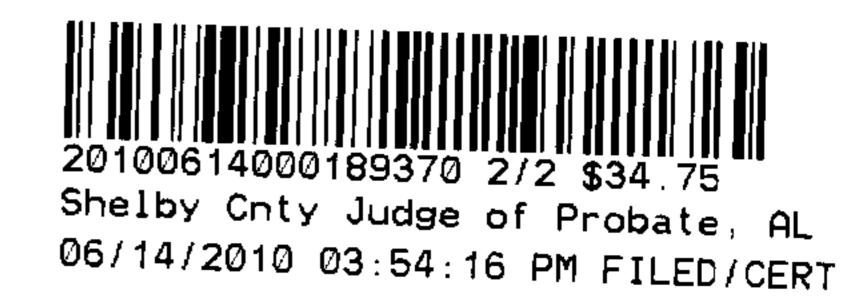


UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] **ADRIANA FERNANDEZ (800) 837-9700** B. SEND ACKNOWLEDGMENT TO: (Name and Address) CASTLE CREDIT CORPORATION 8430 W BRYN MAWR SUITE 750 CHICAGO IL 60631 THE ABOVE SPACE IS FOR FILING 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 SUFFIX MIDDLE NAME 1b. INDIVIDUAL'S LAST NAME FIRST NAME **JUSTIN MCELROY** COUNTRY POSTAL CODE STATE 1c. MAILING ADDRESS 35114 186 CEDAR GROVE PKWY **MAYLENE** 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION 1e, TYPE OF ORGANIZATION ADD'L INFO RE 1d. SEE INSTRUCTIONS ORGANIZATION NONE DEBTOR 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 SUFFIX MIDDLE NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE STATE COUNTRY 2c. MAILING ADDRESS CITY 2g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2d. SEEINSTRUCTIONS **ORGANIZATION** NONE DEBTOR 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 CASTLE CREDIT CORPORATION SUFFIX MIDDLE NAME FIRST NAME 36. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE 3c. MAILING ADDRESS 60631 **CHICAGO 8430 W. BRYN MAWR SUITE 750** 4. This FINANCING STATEMENT covers the following collateral: WATER TREATMENT SYSTEM TYPE OF UNIT: RAINSOFT INSTALLED AT: 186 CEDAR GROVE PKWY, MAYLENE, AL 35114 THE ORIGINAL **COUNTY: SHELBY** INDEBTEDNESS SECURED BY THIS FINANCING THIS IS A FIXTURE FILING STATEMENT IS \$

5. AL	TERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNEE/C	ONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NO	N-UCC FILING
6.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		Check to REQUEST SEARCH REPORT INTO A CONTROL OF THE PORT OF THE P	RT(S) on Debtor(s) [optional]	All Debtors Debtor	1 Debtor 2
8 . OF	TIONAL FILER REFERENCE DATA			ر سر	~ · ·	
KA	121916	6649		<u> </u>	25-10	
			International	Association of Com	mercial Administra	tors (IACA)



UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX FIRST NAME 9b. INDIVIDUAL'S LAST NAME **JUSTIN MCELROY** 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 11b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 11d. SEEINSTRUCTIONS ORGANIZATION NONE DEBTOR ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a, ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 12b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collateral description: as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: PARCEL NUMBER: 23-2-04-0-004-034.000 LEGAL DESCRIPTION: LOT 34 CEDAR GROVE AT STERLING GATE SECTOR 2 PHASE 2 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 check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction — effective 30 years Filed in connection with a Public-Finance Transaction --- effective 30 years