UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A lagasco

# 20 South 20 th Street

B, Rminghum, Al 35295

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate [1a. ORGANIZATION'S NAME]

20100715000225980 1/2 \$36.50 Shelby Cnty Judge of Probate, AL 07/15/2010 02:53:57 PM FILED/CERT

DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a o		SPACE IS FOR FILING OFFICE USE	JNL T
1a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
R 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
H//	Jeffrey	3	
MAILING ADDRESS 1906 Chandahrooks	CITY Pelhum	STATE POSTAL CODE  AL 35/24	COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	btor name (2a or 2b) - do not abbreviate or comb	ine names	
2a. ORGANIZATION'S NAME			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S	S/P) - insert only <u>one</u> secured party name (3a or 3	3b)	·
3a. ORGANIZATION'S NAME  A 1 au 450			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
# 20 South 20th Street	BIRMINGHAM	STATE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers the following collateral:  1 Rheem Gus Furenace US 80  1 Rheem Cond. Unit R410A 13	90 MARGUPR-10. SEER MARANL-01.	EBNMR 5#6-X50. 35AZ 5#7841W100	301F440 400400
1 Rhean Evap. Co. 1 m# RCF	1-HM4821CC 57	7 W161020509	

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in	the REAL 7. Check to REQUITED [ADDITIONAL]	JEST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. CPNONAL FILER REFERENCE DATA				- · · · · · · · · · · · · · · · · · · ·		

ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION   ORANIZATION NAME   ORANIZATION N	FOLLOW INSTRUCTIONS (front and ba	_ "					
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In Andritional Debtor's exact full Legal NAME   Insert only one name (I to o' 110) - do not abbreviate or combine name   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use Only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing office use only   The Above space is for filing only   The Above space	9a. ORGANIZATION'S NAME						
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11. ADDITIONAL DESTORS EXACT FULL LEGAL NAME - insert only one name (1°2 or 11b) - 50 not abbreviate or combine names  11a. ORGANIZATIONS NAME    FIRST NAME	10. MISCELLANEOUS:						
11. ADDITIONAL DESTORS EXACT FULL LEGAL NAME insert only one name (11s or 11st) - 50 not abbreviate or combine names  11st GRASHZATIONS NAME    THE ORGANIZATION SAME							
Title Notificial State   First Name   Middle Name   SUFFIX		FULL LEGAL NAME - insert only	one name (11a or 1			IS FOR FILING OFFIC	CE USE ONLY
TIC. MALING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  TID. INDIVIDUAL SCENS NAME  TID. INDITIONAL SECURED PARTY'S or ASSIGNOR SIP'S NAME - insert only one name (12a or 12b)  LOCALIZATIONAL ID #, if any one name (12a or 12b)  LOCALIZATIONAL ID #, if any one name (12a or 12b)  LOCALIZATIONAL ID #, if any one name (12a or 12b)  Table INDIVIDUAL'S LAST NAME  TID. INDIVIDUAL'S LAST NAME  FREST NAME  FREST NAME  SUFFIX  TABLE POSTAL CODE  CITY  ASSIGNOR SIP'S NAME  SUFFIX  TABLE POSTAL CODE  CITY  TO INDIVIDUAL'S LAST NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  TO INDIVIDUAL'S LAST NAME  SUFFIX  TO INDIVIDUAL SET IN INCIDENCE OF TO INCIDENC	11a. ORGANIZATION'S NAME						
11d. TAX ID #: SSN OR EIN   ADDILINFO RE   11e. TYPE OF ORGANIZATION   11g. ORGANIZATI	OR 11b. INDIVIDUAL'S LAST NAME	·	FIRST NAM	FIRST NAME		MIDDLE NAME	
DORANIZATION   DEBTOR     DORANIZATION   DEBTOR     DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION   DORANIZATION     DORANIZATION   DORANIZATIO	11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
Table   Trust   Trus	ORGANIZATI		N 11f. JURISE	ICTION OF ORGANIZATION	11g. ORG	SANIZATIONAL ID #, if a	ny NONE
RIST NAME   RIST N			S/P'S NAME - in:	sert only <u>one</u> name (12a or 12b)			<u> </u>
12c. MAILING ADDRESS   STATE   POSTAL CODE   COUNTRY   LTD	I I DONA HTT	a HAR COND	1. 11				
13. This FINANCING STATEMENT covers   timber to be cut or   as-extracted collateral, or is filled as a   fixture filing.  14. Description of real estate:  Lot 15 Chuparra    3Rd Sector    Maphock 8    Paye 165  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 Estat    18. Check only if applicable and check only one box.  Debtor is Trust or   Trustee acting with respect to property held in trust or   Debtor is a TRANSMITTING UTILITY    Filed in connection with a Manufactured-Home Transaction effective 30 years	12b. INDIVIDUAL'S LAST NAME		FIRST NAM	E	MIDDLE	NAME	SUFFIX
13. This FINANCING STATEMENT covers with the to be out or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate:    Lot 15 Chapara		1 CIRULO	CITY Hu	eytown	STATE	POSTAL CODE 35003	COUNTRY 157
3Rd Sector  Mupbook 8  Paye 165  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	13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing	timber to be cut or as-extra	cted 16. Addition	nal collateral description:			
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	3Rd Sect	De.					
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