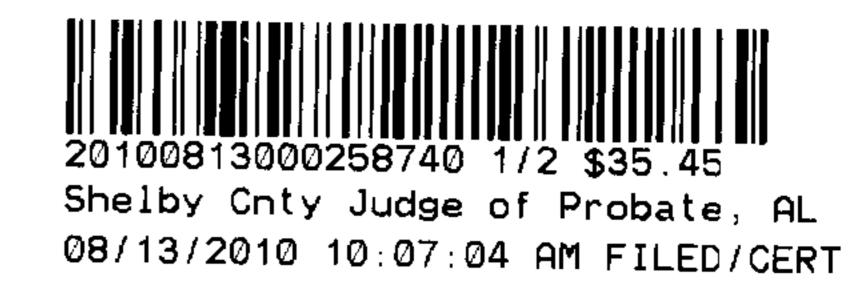
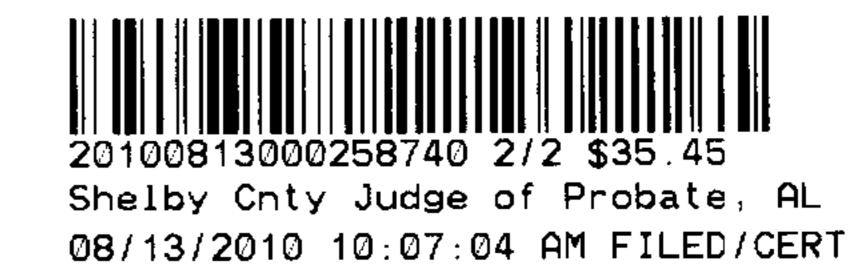
		-
	•	



UCC FINANCING	GSTATEM	ENT						
FOLLOW INSTRUCTION								
A. NAME & PHONE OF								
Corporation Service	e Company 1	-800-858-5294						
B. SEND ACKNOWLED	GMENT TO: (Nai	me and Address)						
52090617 - 36	63950							
Prepared E	3y:							
	n Service Co	mpany						
	Stevenson Dr							
	, IL 62703-42							
Opinigneid	, IL 02100°42	Filed In: Alaba	ama Shelby					
<u> </u>				THE ABOVE SE	PACE IS FO	R FILING OFFICE U	SE ONLY	
1. DEBTOR'S EXACTE	ULL LEGAL NAME	-insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combin		7021010	TOLO.		
1a. ORGANIZATION'S N	·- · · · · · · · · · · · · · · · · · ·		,		···			
OR 16. INDIVIDUAL'S LAST	NAME		FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX	
Evans			David		Α			
1c. MAILING ADDRESS 1	12 Katy Circle	e	CITY	 · - · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY	
	•		Birmingham		AL	35242	USA	
1d. SEE INSTRUCTIONS	ADD'L INFO RE		1f. JURISDICTION OF O	RGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	<u></u>	
	ORGANIZATION DEBTOR		· 		NON			
2. ADDITIONAL DEBTO	R'S EXACT FULI	LEGAL NAME - insert only <u>one</u> d	ebtor name (2a or 2b) - do r	not abbreviate or combine	e names			
2a. ORGANIZATION'S N		· · · · · · · · · · · · · · · · · · ·						
OR 2b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
.								
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY		
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any			
	DEBTOR						NONE	
3. SECURED PARTY'S	NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S/F	P) - insert only <u>one</u> secured pa	arty name (3a or 3b)				
3a. ORGANIZATION'S N	Preferre	d Credit, Inc			, , <u> </u>			
OR STATE OF THE ST								
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
3c. MAILING ADDRESS 30	051 2nd St S	o, #200	CITY		STATE	POSTAL CODE	COUNTRY	
			St. Cloud		MN	56301	USA	
4. This FINANCING STATEM		_						
Purchase money se	curity interest in)						
raincoft water treatme	nt cyctom corio	1 # 2170620006 and rayores	oomooio oorial#111	COE004400000				
ramson water deatine	in System Senai	l # 3170530906 and reverse	OSINOSIS Senai # 110	090091100902				
Amount of indebtedne	ess: \$4,265.50							

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 [for record] (or recorded) is ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to REC [if applicable] [ADDITIONAL	QUEST SEARCH REPOI FEET	RT(S) on Debtor(s) [optional]	All Debtors D	Debtor 2
8. OPTIONAL FILER REFERENCE DATA 01055401 evans					
					52090617



OLLOW INSTRUCTIONS (front	(1a or 1b) ON RELATED FINANCING ST	ATEMAENIT				
9a, ORGANIZATION'S NAME	18 OF TO) ON RELATED FINANCING ST	AIENENI				
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
Evans	David	A				
0.MISCELLANEOUS:	##F-T-17					
			THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
	XACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	iate or combine names	5	· · · · · · · · · · · · · · · · · ·	
11a. ORGANIZATION'S NAME						
DR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	<u></u>	MIDDLE	NAME	SUFFIX
						301112
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
"	LINFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAI	NIZATION	11g. OR(SANIZATIONAL ID #, if an	
DEBT	ANIZATION TOR	<u> </u>	1			NONE
2. ADDITIONAL SECURE	PARTY'S or ASSIGNOR S/P'	S NAME - insert only <u>one</u> name	(12a or 12b)			
12a. ORGANIZATION'S NAME						
R	, , , , , , , , , , , , , , , , , , ,	<u> </u>				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
>- MANUNIO ADDDEGO					1	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
This EINIANCING STATEMENT AS	vers timber to be cut or as-extracted	16 Additional advantage descri				
3. This FINANCING STATEMENT co collateral, or is filed as a 🙀 fixtu		16. Additional collateral descri	puon.			
4. Description of real estate:						
_ot 46 book 25 page 134 Ce	dars					
apn: 09-3-07-0-008-046-000						
Shelby county Al						
. Name and address of a RECORD	OWNER of above-described real estate					
(if Debtor does not have a record in						
		17. Check only if applicable an	dicheck only one boy			
		17. Check <u>only</u> if applicable an			operty held in truct or	 Decedents Estate
		Debtor is a Trust or T	rustee acting with resp		operty held in trust or	Decedent's Estate
		Debtor is a Trust or T	rustee acting with resp d check <u>only</u> one box.		operty held in trust or	Decedent's Estate
		Debtor is a Trust or T	rustee acting with respondence only one box.	pect to pr		Decedent's Estate