UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) 20110126000028250 1/2 \$42.35 Shelby Cnty Judge of Probate, AL 01/26/2011 03:52:15 PM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME KAYMONO 1c. MAILING ADDRESS **POSTAL CODE** CITY STATE 1d. SEE INSTRUCTIONS 1e. TYPE OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any ORGANUZATION 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 2b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME 2c. MAILING ADDRESS CITY STATE **POSTAL CODE** ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2d. SEE INSTRUCTIONS ORGANIZATION DEBTOR

2g. ORGANIZATIONAL ID #, if any 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 CITY POSTAL CODE

4. This FINANCING STATEMENT covers the following collateral:

Rheem Gas Pkg Unit Model # RRNL - BO30 JK08 EBVA SCR # 2G1406ABAF461003691

*8900- Amount Financed

| 5. ALTERNATIVE DESIGNATION [if applicable]: | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-L | JCC FILING |
|--|----------------------------|---|----------------------------|-------------------------------|-------------|----------|------------|
| 6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | [for record] (or recorded) | in the REAL 7. Check to REQ [if applicable] [ADDITIONAL | UEST SEARCH REPORT FEE] | (S) on Debtor(s) optional] | All Debtors | Debtor 1 | Debtor 2 |
| O ADTIONAL EILED DEFEDENCE DATA | | | | | | | |

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| UCC FINANCING STATE | MENT ADDENDUM | | | | | | |
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| OLLOW INSTRUCTIONS (front and ba | | | | | | | |
| 9. NAME OF FIRST DEBTOR (1a or 1 9a. ORGANIZATION'S NAME | b) ON RELATED FINANCING STA | TEMENT | | | | | |
| 9a. ORGANIZATION SINAME | | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | | |
| <hox< th=""><th>KAUMONE</th><th>A</th><th></th><th></th><th></th></hox<> | KAUMONE | A | | | | | |
|). MISCELLANEOUS: | TIAMONO | | ##### | | | | |
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| | | | Shelby Cn | 000028250 2/2 \$42 ty Judge of Prob 1 03:52:15 PM FT | . 35 | | |
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| ADDITIONAL DEDTODIC CVACTA | | | | PACE IS FOR FILING | OFFICE USE ONLY | | |
| 1. ADDITIONAL DEBTOR'S EXACT F | -ULL LEGAL NAME - insert only <u>one</u> n | ame (11a or 11b) - do not abbrev | riate or combine names | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | M | IDDLE NAME | SUFFIX | | |
| | | | | | | | |
| c. MAILING ADDRESS | · · · · · · · · · · · · · · · · · · · | CITY | S | TATE POSTAL CODE | COUNTRY | | |
| | | | | | | | |
| I. TAX ID #: SSN OR EIN ADD'L INFO | | 11f. JURISDICTION OF ORGAN | NIZATION 11 | g. ORGANIZATIONAL ID | #, if any | | |
| ORGANIZATI DEBTOR | ON | | | | NON | | |
| ADDITIONAL SECURED PAR | TY'S or ASSIGNOR S/P'S | NAME - insert only <u>one</u> name | (12a or 12b) | | | | |
| 12a ORGANIZATION'S NAME | 11. | | | | | | |
| JHV CO Chic | LERS HEATING | TY COUIN | <u></u> | | . <u> </u> | | |
| 12b. INDIVIDUAL SILAST NAME | · / | FIRST NAME | M | IDDLE NAME | SUFFIX | | |
| MALLING ADDRESS | <u> 25</u> | CITY | <u>.</u> | TATE POSTALCODE | COUNTRY | | |
| 300 Thomas | can RD | Alahast | מסך | TATE POSTAL CODE | 20UNTRY | | |
| This FINANCING STATEMENT covers | timber to be cut or as-extracted | 16. Additional collateral descri | otion: | | | | |
| collateral, or is filed as a fixture filing | <u>.</u> | 1017 taattiorial conditional account | Ptioti. | | | | |
| Description of real estate: | | | | | | | |
| 1-4/0000 | and we to | | | | | | |
| Lot 60 Acc | on arry | | | | | | |
| the survey | of The | | | | | | |
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| Ponto La nome | o of Shelhu | | | | | | |
| PRODA FO OFFICE Name and address of a RECORD OWNER | | | | | | | |
| Name and address of a RECORD OWNER | R 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 N | | | ars | | |
| | | Filed in connection with a F | Public-Finance Transaction | on — effective 30 years | | | |