	54dbg 29.	2011021700005	5590 1/2 \$ 32.15
UCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY	3.6	Shelby Cnty J	udge of Probate, AL :54:31 AM FILED/CER
A. NAME & PHONE OF CONTACT AT FILER [optional]	32		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alasasco			
#20 Senth 20 ²⁵ St			
LBirming hom, Al 3529	5 THE ABO	VE SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor nar 1a. ORGANIZATION'S NAME	me (1a or 1b) - do not abbreviate or combine names		
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Centers	Jusca		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 18. TYPE OF ORGANIZATION	ON 11. JURISDICTION OF ORGANIZATION	19. ORGANIZATIONAL ID #, if a	ny
ORGANIZATION DEBTOR			NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert onlean ORGANIZATION'S NAME	ly <u>one</u> debtor name (2a or 2b) - do not abbreviate or o	combine names	,
DR 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 ORGANIZATION DEBTOR	ION 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if a	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME	SIGNOR S/P) - insert only <u>one</u> secured party name (3	a or 3b)	
Alakam GSS Carporation	<>		
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS # 20 South 20 5+	Brimina	STATE POSTAL CODE A1 35みう5	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: Heil	80% Furnice		
Madel	# 18M5/11	0 21274	
Sesiel	#A1048143	46	
\$12035			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILO	R SELLER/BUYER AG. LIEN	NON-UCC FILING

201102170000055590 2/2 \$32.15 Shelby Cnty Judge of Probate, AL 02/17/2011 10:54:31 AM FILED/CERT

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

FIRST NAME

9b. INDIVIDUAL'S LAST NAME

10. MISCELLANEOUS:

		THE ABOVE S	PACE	S FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevia	te or combine names			
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 ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANI	IZATION	11g. ORG	ANIZATIONAL ID#, if any	NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 12b)			
TZa. ORGANIZATION S NAME					
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	VAME	SUFFIX
12c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: Lof # 3 hook # 7 log # III Sub division: Od Wyginice 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			Sperty neid in tidot of	
à	Debtor is a TRANSMITTING UTILITY				
	Filed in connection with a Manufactured-Home Transaction — effective 30 years				
	Filed in connection with a P	Public-Finance Transa	ction ef	ffective 30 years	

MIDDLE NAME, SUFFIX