JCC FINANCING STATEMENT
OLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
Corporation Service Company 1-800-858-5294
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
65159505 - 363950
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703
Filed In: Alabama Shelby
1. DEBTOR'S EXACT FULL LEGAL NAME-insert only one debtor name (1a or 1b)-do not abbreviate or
1a. ORGANIZATION'S NAME

20120319000094620 1/2 \$38.00
Shelby Cnty Judge of Probate, AL
03/19/2012 02:44:17 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

65159505

1 D	ERTOR'S EYACTEL	LLEGA! NAME	incert only one debtor name (12 or 1b)	-do not abbreviate or combine names			
	1a. ORGANIZATION'S NA		insertonly one debiorname (12011b				
:							
OR		<del> </del>	<del></del>	· r=::= :- : · · · · · · · · · · · · · · · · ·			Tai
1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX	
	WALKER			ASHLEY	R		
1c. MAILING ADDRESS 105 ENCLAVE AVE			CITY	STATE	POSTAL CODE	COUNTRY	
			, , , <u> </u>	Calera	AL	35040	USA
1d. <u>S</u>	SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG/	ANIZATIONAL ID #, if any	<u></u>
		ORGANIZATION DEBTOR	· 				NONE
2. A	DDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or com	bine names		
1	2a. ORGANIZATION'S NA			· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
OR 2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	SUFFIX		
			<del></del>			Incortu conf	
2c, N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>s</u>	SEE INSTRUCTIONS	) ·	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	·
		ORGANIZATION DEBTOR	1	l	ı		NONE
2.0			1				INCINE
				P) - insert only <u>one</u> secured party name (3a or 3b)			· - · · · · · · · · · · · · · · · · · ·
	3a. ORGANIZATION'S NA	Preterre	d Credit, Inc				
OR 3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	SUFFIX		
		<u>-</u>				- <del>-, -</del> - <del></del>	
3c. N	MAILING ADDRESS 30	51 2nd St Sc	n #200	CITY	STATE	POSTAL CODE	COUNTRY
	50	o i Zila ot ot	J, 11 200	St. Cloud	MN	56301	USA
						<u> </u>	

4. This FINANCING STATEMENT covers the following collateral:

Amount of initial indebtedness is \$5990. Please pay tax of \$8.98

\*\*Purchase money security interest in...\*\*

RAINSOFT WATER TREATMENT SYSTEM: SERIAL # 1270167

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	or record) (or recorded) in t [i	he REAL f applicable]	7. Check to REQUE [ADDITIONAL FE	ST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
B. OPTIONAL FILER REFERENCE DATA: 0124	4147					•	

UCC FINANCING STATE OLLOW INSTRUCTIONS (front and		UM		
9. NAME OF FIRST DEBTOR (1a or		G STATEMENT		
9a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·		
OR INDIVIDUAL'S LAST MANE	FIDOTALANE		20120319000094620 2/2 Shelby Cnty Judge of D	
96. INDIVIDUAL'S LAST NAME WALKER	FIRST NAME	MIDDLE NAME, SUFFIX	20120319000004602	
0.MISCELLANEOUS:	ASHLEY	R	20120319000094620 2/2 Shelby Cnty Judge of P 03/19/2012 02:44:17 DM	\$38.00
			03/19/2012 02:44:17 PM	FILED/CERT
			HE ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert or	ly <u>one</u> name (11a or 11b) - do not abbreviate or co	ombine names	· · · · · · · · · · · · · · · · · · ·
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO ORGANIZA DEBTOR	RE 11e. TYPE OF ORGANIZAT	ION 11f. JURISDICTION OF ORGANIZATION	N 11g. ORGANIZATIONAL ID #, if a	any NO
. ADDITIONAL SECURED PAI 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR	S/P'S NAME - insert only <u>one</u> name (12a or 1	2b)	
12b. INDIVIDUAL'S LAST NAME	····	FIRST NAME	MIDDLE NAME	SUFFIX
			TAUDDEL TANIAL	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate:	}i	acted 16. Additional collateral description:		
ot#:74 Book:38 Pg:1 Sub:ENCL/	AVE PHASE I			
HELBY COUNTY				
Name and address of a RECORD OWNE (if Debtor does not have a record interest)				
SHLEY WALKER				
5 ENCLAVE AVE		47 Objects to the second of th		
ALERA AL 35040		17. Check <u>only</u> if applicable and check <u>only</u>		
			ting with respect to property held in trust or	Decedent's Esta
		18. Check <u>only</u> if applicable and check <u>only</u>		
		Debtor is a TRANSMITTING UTILITY		
			ured-Home Transaction effective 30 years	
		Theo in connection with a Public-Fin	ance Transaction effective 30 years	<del> </del>