UCC FINANCING STATEMENT FOLLOW 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) 68965797 - 363950 Corporation Service Company 801 Addiai Stevenson Drive Springfield, IL 62703-4261 Filed In: Alabama Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only ong debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S LASTNAME FIRST NAME MIDDLE NAME SUFFIX

1. DEBTOR'S EXACT FULL LEGA	AL NAME - insert only <u>one</u> debtor na	ame (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		· -· · · · · · · · · ·		
OR 16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME R		
MAGLOTHIN		SHAWN	R			
1c. MAILING ADDRESS 616 OLE	E TOWNE LN	СПҮ	STATE	STATE POSTAL CODE		
		ALABASTER	AL	35007	USA	
	INFO RE 1e. TYPE OF ORGAN	IZATION 1f. JURISDICTION OF ORGANIZATI	ON 1g. ORG	1g. ORGANIZATIONAL ID #, if any		
DEBTO	NIZATION ' OR				NONE	
2. ADDITIONAL DEBTOR'S EXA	CT FULL LEGAL NAME - inse	ert only <u>one</u> debtor name (2a or 2b) - do not abbreviat	te or combine names		· · · · · · · · · · · · · · · · · · ·	
2a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
2c. MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY	
	INFO RE 2e. TYPE OF ORGAN	IZATION 2f. JURISDICTION OF ORGANIZATION	ON 2g. ORG	ORGANIZATIONAL ID #, if any		
DEBTO	NIZATION ' OR	•			NONE	
3. SECURED PARTY'S NAME (o	r NAME of TOTAL ASSIGNEE of AS	SSIGNOR S/P) - insert only <u>one</u> secured party name (3a	a or 3b)	•		
3a. ORGANIZATION'S NAME Pr	eferred Credit, Inc					
OR 36. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
3c. MAILING ADDRESS 3051 2nd	d St So, #200	CITY	STATE	POSTAL CODE	COUNTRY	
		St. Cloud	MN	56301	USA	

4. This FINANCING STATEMENT covers the following collateral:

RAINSOFT WATER TREATMENT SYSTEM SERIAL# 1275598

Amount of indebtedness: \$4400.00

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 record ESTATE RECORDS. Attach Addendum	led) in the REAL 7. Check to REG	QUEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA: 01258602MAGL	OTHIN, SHAWN				
					68965797

	LOW INSTRUCTION NAME OF FIRST DEE		ON RELATED FINANCING STA	ATEMENT		i				
	9a. ORGANIZATION'S N	····		<u> </u>						
OR		A 1 A B 4 -	FIDOTALARA		DIE MANAE CHEEN					
	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		DLE NAME,SUFFIX					
	MAGLOTHIN		SHAWN	R						
10,	MISCELLANEOUS:					Shelby Cr	nty Jud	50 2/2 \$35.60 ge of Probate, 5:33 AM FILED/C	AL	
	•					THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE C	NLY
11	ADDITIONAL DEBT	OR'S EXACT FUL	L LEGAL NAME - insert only <u>one</u> r	name (11a or	11b) - do not abbrev					
	11a. ORGANIZATION'S						-			
0.0										
OR	11b. INDIVIDUAL'S LAS	ГИАМЕ		FIRST NAI	FIRST NAME		MIDDLE NAME		SUFFIX	
	<u></u>							_		
11c.	MAILING ADDRESS			СПҮ			STATE	POSTAL CODE	COL	INTRY
114	SEEINSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f JURIS	DICTION OF ORGA	NIZATION	11a OR	GANIZATIONAL ID#, if	anv	
ı ıu.	<u>DELINOTROOTIONO</u>	ORGANIZATION DEBTOR	1	1			1		-y	NONE
12.	ADDITIONAL SE		'S or ASSIGNOR S/P'S	NAME -	nsert only one name	(12a or 12b)				INONE
12.	12a. ORGANIZATION'S I		O DI I AGGIGITOR ON O)	nacit only one name	(12a O1 12b)	· · ·	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
	:									
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUF	SUFFIX		
		<u>,,, ,, , , , , , , , , , , , , , , , ,</u>								
12c.	MAILING ADDRESS			CITY			STATE	POSTAL CODE	COL	INTRY
42				46 4 4 4 4		·				-
	This FINANCING STATE: collateral, or is filed as a		nber to be cut or as-extracted	To. Addition	onal collateral descri	ipuon.				
	Description of real estate									
LEGAL DESCRIPTION:										
	T 22 DK/DC 0 422									
	OT 32 BK/PG 9-133 OREST	OLDE TOWNE								
	PN: 13-7-35-3-001-0	02-015								
SF	HELBY COUNTY AL	-								
4=										
15.	Name and address of a F (if Debtor does not have a		above-described real estate							
SH	AWN R MAGLOTH	IIN								
616 OLDE TOWNE LN			17 Chack	only if applicable on	d abaak ank ana ba					
ALABASTER AL 35007			Ì	. <u> </u>	nd check <u>only</u> one bo		roports bold in to	D	#n E-4-4-	
			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							
			Filed in connection with a Public-Finance Transaction — effective 30 years							