

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Craig Brown (205) 328-4600

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Schwartz & Roman PLLC
P.O. Box 799
Durham, New Hampshire 03824



20130311000101040 1/2 \$29.00
Shelby Cnty Judge of Probate, AL
03/11/2013 02:10:27 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME YOUNG IMPRESSIONS CHILD CARE, LLC						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 1371 7th Street S. W.			CITY Alabaster	STATE AL	POSTAL CODE 35007	COUNTRY USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION limited liability co	1f. JURISDICTION OF ORGANIZATION Alabama	1g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE

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						
OR	2b. INDIVIDUAL'S LAST NAME Brown		FIRST NAME Yoko	MIDDLE NAME C	SUFFIX	
2c. MAILING ADDRESS 1738 Tahiti Lane			CITY Alabaster	STATE AL	POSTAL CODE 35007	COUNTRY USA
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION individual	2f. JURISDICTION OF ORGANIZATION Alabama	2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> 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 U.S. SMALL BUSINESS ADMINISTRATION						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 6801 Lake Worth Road, Room 209			CITY Lake Worth	STATE FL	POSTAL CODE 33467	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

A security position on all equipment, including furniture, fixtures and software, whether now owned or hereafter acquired, wherever located, including the real property located at municipal address of 1321 7th Street S.W., Alabaster, Alabama 35007, and which is more particularly described by that legal description contained in Section "14" hereof, together with all products and proceeds there from including all replacements and substitutions.

[THIS STATEMENT IS BEING FILED AS ADDITIONAL SECURITY FOR THAT MORTGAGE DATED NOVEMBER 7, 2011, IN THE ORIGINAL PRINCIPAL AMOUNT OF \$141,000.00, RECORDED AS INSTRUMENT NO. 20111202000364060 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, FOR WHICH MORTGAGE TAX IN THE AMOUNT OF \$211.50 WAS PAID UPON RECORDATION THEREWITH.]

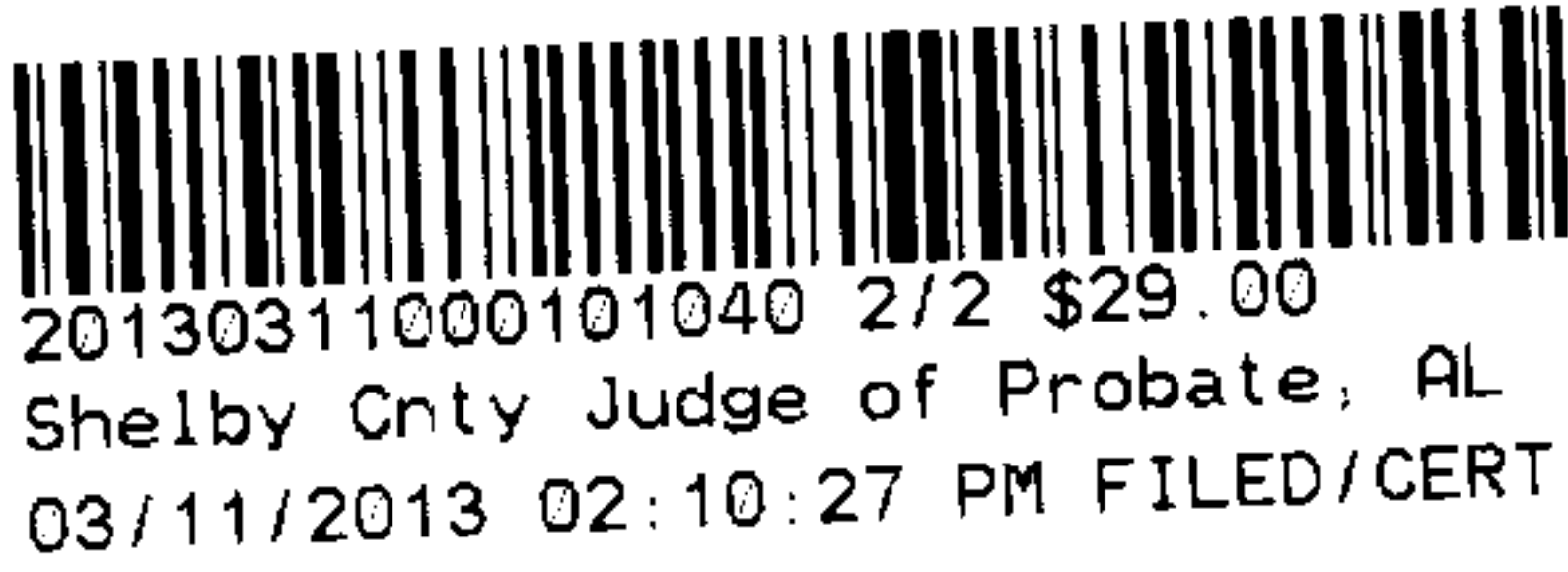
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA (D-6777) (SBA # 48782850-01)						

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT			
OR	9a. ORGANIZATION'S NAME YOUNG IMPRESSIONS CHILD CARE, LLC		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

10. MISCELLANEOUS:



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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (11a or 11b) - do not abbreviate or combine names				
OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME Brown	FIRST NAME Anthony	MIDDLE NAME L.	SUFFIX
11c. MAILING ADDRESS 1738 Tahiti Lane		CITY Alabaster	STATE AL	POSTAL CODE 35007
11d. TAX ID #:		SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION individual
		11f. JURISDICTION OF ORGANIZATION Alabama		11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12.	12. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S <u>or</u> <input type="checkbox"/> ASSIGNOR S/P'S NAME - insert only <u>one</u> name (12a or 12b)			
OR	12a. ORGANIZATION'S NAME FLORIDA BUSINESS DEVELOPMENT CORPORATION d/b/a Alabama Small Business Capital			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS 6801 Lake Worth Road, Room 209		CITY Lake Worth	STATE FL	POSTAL CODE 33467
		COUNTRY USA		

13. This FINANCING STATEMENT covers <input type="checkbox"/> timber to be cut or <input type="checkbox"/> as-extracted collateral, or is filed as a <input checked="" type="checkbox"/> fixture filing.
14. Description of real estate: Lot 25-A, according to the Resurvey of Lots 25 and 27, of Siluria Mills, as recorded in Map Book 41, Page 76, in the Probate Office of Shelby County, Alabama.
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:
17. Check <u>only</u> if applicable and check <u>only</u> one box. Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust or <input type="checkbox"/> Decedent's Estate
18. Check <u>only</u> if applicable and check <u>only</u> one box. <input type="checkbox"/> Debtor is a TRANSMITTING UTILITY <input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction — effective 30 years <input type="checkbox"/> Filed in connection with a Public-Finance Transaction — effective 30 years