

UCC FINANCING S	Shelby Chty Judge of Probate, AL 08/09/2013 02:25:09 PM FILED/CERT							
A NAME & PHONE OF CONTACT								
Phone: (800) 331-32								
B. SEND ACKNOWLEDGMENT TO			TANCE COR					
		^{s)} 10656 - PRIME ACCEP	TANCE COR					
CT Lien Solution	one	202	21957					
P.O. Box 29071		21907						
Glendale, CA 91209-9071								
Oromadio, or t	0 1200 001 1							
		FIX	TURE					
	File with:	Shelby, AL		THE ABOVE	SDACE IS EC	R FILING OFFICE	LISE ONLY	
			4 h)		SPACE IS FU	K FILING OFFICE	USE ONE I	
		ert only <u>one</u> debtor name (1a or	1b) - do not abbrevi	ate or combine names	<u>-</u> .		· · · · · · · · · · · · · · · · · · ·	
1a. ORGANIZATION'S NAME								
1b. INDIVIDUAL'S LAST NAM	15 INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		
MARTIN			JESSICA					
· · · · · · · · · · · · · · · · · · ·			CITY		STATE	POSTAL CODE	COUNTRY	
1c. MAILING ADDRESS			City		SIMIE	POSTAL CODE		
13286 HIGHWAY 73	<u> </u>	<u> </u>	MONTEVAL			USA		
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	RGANIZATION		1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		
ADDITIONAL DEBTOR'S E	XACT FULL LEGA	AL NAME - insert only <u>one</u> debto	r name (2a or 2b) - (do not abbreviate or comb	oine names			
2a. ORGANIZATION'S NAME		TE TO UTILE INTOCKT ONLY <u>OTTO</u> GOODIO						
OR INDIVIDUALIS LAST MAN	4C		FIRST NAME		MIDDLE	JAME	SUFFIX	
2b. INDIVIDUAL'S LAST NAM	AIC.		FIXST WAIVIE		, WIIDDEL I	4/√i/VIL		
						T		
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS	ADD'L INFO RE			2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR						NONE	
2 CECURED DADTVIC MAME		TAL ASSIGNED OF ASSIGNODS	/P) - insert only one	secured party name (3a	or 3h)			
3a. ORGANIZATION'S NAME		TAL ASSIGNEE of ASSIGNOR S	77 7 Illocit Ully Ulle	- Secured party name (Sa	. 0. 00)		 	
Prime Acceptance								
OR	·		FIDOTMALE		1445545	JANAS	Levieriy	
3b. INDIVIDUAL'S LAST NAM	/I ∟		FIRST NAME		MIDDLE	NAME.	SUFFIX	
3c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM

200 W Jackson Blvd., Suite 720

Complete only when filing with the Judge of Probate:
The initial indebtedness secured by this financing statement is \$8,638.00
Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$13.05

5. ALTERNATIVE DESIGNATIO	ON [if applicable]:	SSEE/LESSOR	CONSIGNEE/CONSIGN	OR BAILEE/E	SAILOR SELLER/BI	JYER AG. LIEN	NON-UCC FILING
6. This FINANCING STATE RECORDS.	TEMENT is to be filed [for recore Attach Addendum	-		to REQUEST SEARCH I	REPORT(S) on Debtor(s) [optional]	Ali Debtors	Debtor 1 Debtor 2
8.OPTIONAL FILER REFEREN	ICE DATA						
39321957	62010187	76					

Chicago

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

USA

60606

IL



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	LOW INSTRUCTIONS (front and back) CAF	REFULLY				
	AME OF FIRST DEBTOR (1a or 1b) ON RE 9a. ORGANIZATION'S NAME					
OR -	9b. INDIVIDUAL'S LAST NAME MARTIN	FIRST NAME JESSICA	MIDDLE NAME, SUFFIX			
0. M	ISCELLANEOUS: 39321957-AL-117 1 Prime Acceptance Corp	0656 - PRIME ACCEPTANCE COR				
1. /	vith: Shelby, AL 620101876 ADDITIONAL DEBTOR'S EXACT FULL LEG	SAL NAME - insert only <u>one</u> name			FILING OFFICE USE ONI	
OR 11b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME	
11c.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
						•
11d.	SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORG	SANIZATIONAL ID#, if any	
	ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION SSIGNOR S/P'S NAME - insert only one		11g. ORG	SANIZATIONAL ID#, if any	
2.	ORGANIZATION DEBTOR ADDITIONAL SECURED PARTY'S or A			11g. ORG		SUFFIX
2. DR	ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME		e name (12a or 12b)			