	F CONTACT AT FILER [optional]					
SEND ACKNOWLE	DGMENT TO: (Name and Address)					
MICROF L	T C		201406	30000197780 1/2	<b>\$</b> 44.10	
PO BOX 7			Shelby Cnty Judge of Probate, AL 06/30/2014 12:21:57 PM FILED/CERT			
•	GA 31708				r ILED)	,EK
<b>.</b>						
		THE ABOVE	SPACE IS FO	OR FILING OFFICE US	E ONLY	
	T FULL LEGAL NAME - insert only <u>one</u> debtor name (1a		JI ACL 13 I C			
1a. ORGANIZATION'S	S NAME					
1b. INDIVIDUAL'S LA	AST NAME	FIRST NAME	MIDDLE	NAME	SUFFI	X
THOMAS		JOHN	07475	TROOTAL GODE	00141	TDV
. MAILING ADDRESS 30 KENTWOOD	) WAY	ALABASTER	STATE	POSTAL CODE 35007	USA	
	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	1007	
	ORGANIZATION DEBTOR					NON
ADDITIONAL DEBT	TOR'S EXACT FULL LEGAL NAME - insert only one of S NAME	debtor name (2a or 2b) - do not abbreviate or comb	oine names			·
R 2b. INDIVIDUAL'S LA	CT NIARAC	FIRST NAME	MIDDLE	NAME	SUFFIX	<u></u>
THOMAS	CO F TAVIALE	ANN	1			~
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUN	TRY
130 KENTWO		ALABASTER	AL	35007	USA	1
	ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any		NON
SECURED PART	Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a or 3	3b)			
MICROF LLC						
3b. INDIVIDUAL'S LA		FIRST NAME	MIDDLE NAME		SUFFIX	X
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNT	TRY
PO BOX 70085	5	ALBANY	GA	31708	USA	
			ł	İ	1	

8. OPTIONAL FILER REFERENCE DATA

The total cost of the lease is \$ 7395.57

		NT ADDENDUM							
	LOW INSTRUCTIONS	<u> </u>		TEMENIT	-				
9. 1	9a. ORGANIZATION'S NAM		N RELATED FINANCING STA	1 EIVIEN I					
OR			·						
	9b. INDIVIDUAL'S LAST NA  THOMAS	AME	JOHN	MIDDLE NAME, SUFFIX	20 20		00197780 2/2 \$ ty Judge of Pr		
10.	MISCELLANEOUS:						4 12:21:57 PM		
					THE ABOV	E SPACE	IS FOR FILING OF	FICE USE ONLY	
			LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbre	eviate or combine na	mes			
	11a. ORGANIZATION'S NA	ME							
OR	11b. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
	THOMAS			ANN					
	MAILING ADDRESS 30 KENTWOO	n wav	·	ALABASTER		STATE	POSTAL CODE  35007	COUNTRY	
	SEE INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	ANIZATION		SANIZATIONAL ID #, i	f any	
12.	ADDITIONAL SECU		S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	ne (12a or 12b)				
	12a. ORGANIZATION'S NA	ME							
OR	2b. INDIVIDUAL'S LAST NAME		<del></del>	FIRST NAME		MIDDLE NAME		SUFFIX	
		· · · · · · · · · · · · · · · · · · ·			·· · · · · · · · · · · · · · · · · ·		T		
12c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
13.	This FINANCING STATEME	ENT covers tim	per to be cut or as-extracted	16. Additional collateral descri	ription:		<u></u>		
	collateral, or is filed as a Description of real estate:	fixture filing.		2013 PAYNE Condenser M# PH13NB024000 S# 0313X75426					
M C		5 60; S10 T2 KENTWOC	DITION PHASE 1; IS R03W; SHELBY D WAY,	2013 BRYANT Air H	landler M# FB4	CNF024T	00 S# 2513A71977		
	Name and address of a RE0 (if Debtor does not have a re		and all replacements, substitutions, parts, repairs, additions, accessions, accessories, and improvements incorporated therein or affixed or attached thereto, and any and all proceeds (cash and non-cash), including the proceeds of all insurance policies						
			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 check only one box.  Debtor is a TRANSMITTING UTILITY					
			Filed in connection with a Manufactured-Home Transaction						
				Filed in connection with a Public-Finance Transaction					