

Shelby Cnty Judge of Probate, AL 12/22/2014 02:51:29 PM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT EILER (ontional)

M. NAME & PROME OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
collections@microf.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
MICROF LLC				
' PO BOX 70085				
ALBANY GA 31708				
1				
		VE SPACE IS FOR FI	ING OFFICE USE (DNI Y
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item 10		•	
1a. ORGANIZATION'S NAME			 	<u> </u>
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL N	ADDITIONAL NAME(S)/INITIAL(S)	
Mills	Justin			
c. MAILING ADDRESS 821 Meriweather Dr	Calera	1	STAL CODE 5040	COUNTRY
ozi wienweather Di	Calcia	AL J.	3 040	USA
2. DEBTOR'S NAME: Provide only o <u>ne Debtor name (2a or 2b) (under the set of the line 2b. January 11 of item 2 blook, check bore.</u>	use exact, full name; do not omit, modify, or abbreviate any pand provide the Individual Debtor information in item 10 o			
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the individual Debtor information in item 10 to		Audendum (Form OCC)	
2a. ORGANIZATION'S NAME				
DR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIONAL N	NAME(S)/INITIAL(S)	SUFFIX
Mills	Christie			
c. MAILING ADDRESS	CITY	STATE POS	STAL CODE	COUNTRY
011 N/L IN	Calera	AI 2/	5040	USA
821 Meriweather Dr	Calera	AL 35	3 070	037
			JU4U	037
3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME			JU7U	
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3a. ORGANIZATION'S NAME MICROF LLC 3b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS PO BOX 70085	FIRST PERSONAL NAME CITY Albany	ty name (3a or 3b) ADDITIONAL N	NAME(S)/INITIAL(S)	SUFFIX
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International Association of Commercial Administrators (IACA)

8. OPTIONAL FILER REFERENCE DATA:

The total cost of the lease is \$ 7029.14



20141222000402140 2/2 \$41.65 Shelby Cnty Judge of Probate, AL 12/22/2014 02:51:29 PM FILED/CERT

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Mills FIRST PERSONAL NAME Justin SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY AL **USA** ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2014 BRYANT Furnace M# 310AAV036070 S# 2614A14843 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Lot#:42 Map Book:26 Pg:103 Sub:MERIWEATHER SECTOR 3 FINAL PLAT DEED BOOK:2009 PAGE:0312000090920 Shelby County Alabama 17. MISCELLANEOUS: