UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	20	1505180001	63140 1/2 \$63.85	
A. NAME & PHONE OF CONTACT AT FILER (optional)	Sh	elby Chty .	Judge of Probate, 2:26:11 PM FILED/C	AL
B. E-MAIL CONTACT AT FILER (optional)			z.zo: ii PM FILED/(ERT
collections@microf.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
MICROF LLC				
PO BOX 70085				
ALBANY GA 31708				
	THE ABOVE	E CDACE IC EC	R FILING OFFICE USE	ONI V
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full na				
name will not fit in line 1b, leave all of item 1 blank, check here and provide	the Individual Debtor information in item 10 of th	e Financing State	ment Addendum (Form UCC	1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAM		E(S)/INITIAL(S) SUFFIX
Johnstone	William			
1c. MAILING ADDRESS 101 Moss Hill Lane	Calera	STATE	POSTAL CODE 35040	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full na	me; do not omit, modify, or abbreviate any part o	of the Debtor's na	me); if any part of the Individu	al Debtor's
· · · · · · · · · · · · · · · · · ·	the Individual Debtor information in item 10 of the		•	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide only one Secured Party n	ame (3a or 3b)		
3a. ORGANIZATION'S NAME MICROF LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(\$)/INITIAL(\$)	SUFFIX
3c. MAILING ADDRESS PO BOX 70085	Albany	STATE	31708	USA
4. COLLATERAL: This financing statement covers the following collateral:	victing and horoafter arieins	n in and t	all of the Equip	mont
All of the Debtor's right, title and interest, now example to that certain Lease No. RTO-20458 be	etween Debtor as Lessee ar			
insurance, warranty, rental and other claims and		•		
Equipment, (iii) all books, records and proceeds			_	
which the Lessee may be or become entitled by				_
of this financing statement, "Equipment" shall be		-	•	• •
and includes all substitutions, replacements, up	grades, repairs, parts and a	ttachmen	ts, improvements	s and
accessions thereto. THIS FILING IS FOR PRECA	UTIONARY AND INFORMA	TIONAL P	URPOSES ONLY	. THE
PARTIES CONSIDER THIS TRANSACTION TO BE	E A TRUE LEASE. LESSEE	HAS NO	RIGHT TO SELL	OR
PLEDGE THE EQUIPMENT, IT IS OWNED BY LES	SSOR AND LEASED TO LES	SSEE.		
5. Check only if applicable and check only one box: Collateral is held in a Trust o	(see UCC1Ad, item 17 and Instructions)	being administer	red by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:			f applicable and check only or	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC	
	Consignee/Consignor Seller/Buye	Ba	ilee/Bailor Licer	see/Licensor
8. OPTIONAL FILER REFERENCE DATA: The total cost of the lease is \$ 21820.92 .			of Commorgial Adminis	

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 20150518000163140 2/2 \$63.85 Shelby Cnty Judge of Probate, AL 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank 05/18/2015 12:26:11 PM FILED/CERT because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Johnstone FIRST PERSONAL NAME William 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 SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE 10c. MAILING ADDRESS CITY STATE USA AL ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2015 HEIL Heat Strips M# FB4-5-1CB S# 248149-010-007 2015 HEIL Air Handler M# FEM4P1800AL S# A150271483 2014 HEIL Heat Pump Condenser M# N4H314AKF S# E143406430 2014 HEIL Heat Pump Condenser M# N4H330AKF S# E143702493 2015 HEIL Heat Strips M# FB4-8-1CB S# 243337-002-005 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 39 SOUTHERN HILLS SECTOR 6 PHASE 1 MAP BOOK: 17 PAGE: 093 Document 20080411000148010 Shelby County Alabama

International Association of Commercial Administrators (IACA)

17. MISCELLANEOUS: