UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)		ς	helby (3000163150 1/2 \$53 Onty Judge of Prob	ate, HL
B. E-MAIL CONTACT AT FILER (optional)		0	5/18/20	015 12:26:12 PM FI	LED/CERT
collections@microf.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
MICROF LLC]				
' PO BOX 70085					
ALBANY GA 31708					
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide provide only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here	•	or abbreviate any part of the Domation in item 10 of the Finar			
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Love Jr.	Ricky		STATE POSTAL CODE		COUNTRY
1c. MAILING ADDRESS 800 Meriweather Dr	Calera		AL	35040	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fi	all name; do not omit, modify,	or abbreviate any part of the D	ebtor's nar	ne); if any part of the Individua	al Debtor's
· -	•	ormation in item 10 of the Finar			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	ΔME	IADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
Love	Tarra	MAINE	ADDITIONAL NAME (O)///NITAL(O)		SULLIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
800 Meriweather Dr	Calera		AL	35040	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide o	nly <u>one Secured Party name</u> (3	a or 3b)		· · · · · · · · · · · · · · · · · · ·
3a. ORGANIZATION'S NAME MICROF LLC					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>		
3c. MAILING ADDRESS PO BOX 70085	Albany		STATE	POSTAL CODE 31708	USA
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now	existing and he	reafter arising in	and to	all of the Equip	ment
subject to that certain Lease No. Pto-19985	_	as Lessee and M			
insurance, warranty, rental and other claims a			•	•	•
Equipment, (iii) all books, records and procee	·			·	
which the Lessee may be or become entitled by	•	• • • • • •	•	•	•
of this financing statement, "Equipment" shal			_	-	•
and includes all substitutions, replacements,	upgrades, repair	s, parts and attac	hment	s, improvements	and
accessions thereto. THIS FILING IS FOR PRE	CAUTIONARY A	ND INFORMATION	NAL P	URPOSES ONLY	. THE
PARTIES CONSIDER THIS TRANSACTION TO	BE A TRUE LEA	SE. LESSEE HAS	S NO F	RIGHT TO SELL (DR
PLEDGE THE EQUIPMENT, IT IS OWNED BY L	ESSOR AND LE	ASED TO LESSEI	Ε.		
5. Chack only if applicable and chack only one boy. Collateral is bold in a T	rust /see LICC1Ad, item 17 a	nd Instructions) hoins	administor	od by a Dogodont's Porconal	Ponrocontativo
5. Check only if applicable and check only one box: Collateral is held in a T 6a. Check only if applicable and check only one box:	rusi (see OCCTAG, Item 17 8			ed by a Decedent's Personal applicable and check only or	_
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tr	<u> </u>	–	ural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bai	lee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA: The total cost of the lease is \$ 14770.54					
The total cost of the lease is \$ 14770.54 .	· · · · · · · · · · · · · · · · · · ·				

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank			20150518000163150 2/2 \$53.20 Shelby Cnty Judge of Probate, AL				
	ecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		05/18/2	015 12	:26:12 PM FILED/C	ERT	
)R	9b. INDIVIDUAL'S SURNAME Love Jr.						
	FIRST PERSONAL NAME Ricky	······································					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
,	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail 10a. ORGANIZATION'S NAME		e 1b or 2b of the Financi	ng Staten	ent (Form UCC1) (use exact.	full name;	
R	10b. INDIVIDUAL'S SURNAME				·		
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
<u>і</u> 0с.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR	
1. [ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	IOR SECURED PARTY	S NAME: Provide onl	y o <u>ne n</u> an	ne (11a or 11b)		
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR	
20 20	ADDITIONAL SPACE FOR ITEM 4 (Collateral): 15 BRYANT Furnace M# 310AAV036070 S# 1415A 14 BRYANT A/C Condenser M# 113ANA036000 S# 15 BRYANT Evaporator Coil M# CAPMP3614ALA	3314E03755					
3. [This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	cut Covers as-extracted collateral is filed as a fixture filing				
	lame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):	16. Description of real estate LOT 25 MERIWI Document 200706	EATHER SECT			PAGE: 1	
		}					