## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	<u></u>
collections@microf.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
MICROF LLC	
PO BOX 70085	•
ALBANY GA 31708	

20150831000303460 1/2 \$53.35 Shelby Cnty Judge of Probate, AL 08/31/2015 02:23:58 PM FILED/CERT

•	PO BOX 70085				
	ALBANY GA 31708				
		THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only o <u>ne Debtor name (1a or 1b) (use</u> name will not fit in line 1b, leave all of item 1 blank, check here	exact, full name; do not omit, modify, or abbreviate any part and provide the Individual Debtor information in item 10			
•	1a. ORGANIZATION'S NAME				
	I Ia. OROANIZATION O NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	Pennington	Lisa			
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4	10 Willow Glen Dr	Alabaster	AL	35007	USA
2. [	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	exact, full name; do not omit, modify, or abbreviate any p	part of the Debtor's nar	ne); if any part of the Individu	ual Debtor's
ſ	name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item 10	of the Financing State	ment Addendum (Form UCC	1Ad)
	2a. ORGANIZATION'S NAME				
OR		1	I A D D L T L O L	* * * * * * * * * * * * * * * * * * *	Louisenv
	2b. INDIVIDUAL'S SURNAME  Pennington	FIRST PERSONAL NAME  Keith	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	10 Willow Glen Dr	Alabaster	AL	35007	USA
			1	<u>.                                    </u>	
3. 3	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE)  3a. ORGANIZATION'S NAME	INOR SECURED PARTY): Provide only one Secured Pa	irty name (3a or 3b)		
MICROF LLC					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P	O BOX 70085	Albany	GA	31708	USA
in Edward and Property Propert	COLLATERAL: This financing statement covers the following collate II of the Debtor's right, title and interest subject to that certain Lease No. Particularly rental and other claim surance, warranty, rental and other claim quipment, (iii) all books, records and problem that the Lessee may be or become entired includes all substitutions, replacement includes all substitutions, replacement coessions thereto. THIS FILING IS FOR ARTIES CONSIDER THIS TRANSACTION LEDGE THE EQUIPMENT, IT IS OWNED	between Debtor as Lessee ims and rights to payment and coceeds relating to the foregoing tled by reason of Lessee's interestable befurther described in iterestal befurther described in iterestal, upgrades, repairs, parts and PRECAUTIONARY AND INFORMAN TO BE A TRUE LEASE. LESSE BY LESSOR AND LEASED TO LESSE	and Microf, hattel paper, and (iv) any est in the Equation 16 of the Land ATIONAL PRESSEE.	LLC as Lessor, arising out of sure other property uipment. For the JCC1Ad attached is, improvement URPOSES ONLY RIGHT TO SELL	(ii) all ich or rights to purpose d hereto, s and CR
	theck only if applicable and check only one box: Collateral is head one box:	eld in a Trust (see UCC1Ad, item 17 and Instructions)		red by a Decedent's Personal f applicable and check only of	
υ <b>d</b> .	Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction	nsaction A Debtor is a Transmitting Utility		tural Lien Non-UCC	

Consignee/Consignor

Bailee/Bailor

Licensee/Licensor

Seller/Buyer

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

The total cost of the lease is \$14,855.33

Lessee/Lessor

## UCC FINANCING STATEMENT ADDENDUM 20150831000303460 2/2 \$53.35 FOLLOW INSTRUCTIONS 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 08/31/2015 02:23:58 PM FILED/CERT because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Pennington FIRST PERSONAL NAME Lisa 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 STATE CITY 10c. MAILING ADDRESS USA ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2015 PAYNE Air Handler M# FB4CNP036L00 S# 2615A72908 2015 PAYNE Heat Pump Condenser M# PH4NB037000 S# 0915X66096 2015 PAYNE Heat Strips M# FB4-10-1CB S# 253157-004-010 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 17 BLOCK 4 WILLOW GLEN MAP BOOK: 07 PAGE: 101

**Shelby County Alabama** 

17. MISCELLANEOUS: