**UCC FINANCING STATEMENT** 

20170424000140130 04/24/2017 03:44:57 PM UCC1 1/3

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294	4			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
1303 21654				
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703	d In: Alabama			
	(Shelby)			
1 DERTOR'S NAME: Drovido only one Debter name (1e or 1h) (yee exect d			R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, find name will not fit in line 1b, leave all of item 1 blank, check here and provide only one provide name will not fit in line 1b, leave all of item 1 blank, check here and provide only one provide name (1a or 1b) (use exact, find name will not fit in line 1b, leave all of item 1 blank, check here and provide only one prov	ide the Individual Debtor information in item 10 of			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Lawson	Lloyd	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX
1c. MAILING ADDRESS 1014 7th Ave SW	CITY	STATE	POSTAL CODE	COUNTRY
	Alabaster	AL	35007	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, for name will not fit in line 2b, leave all of item 2 blank, check here and provide and provide accordance on the control of the c	ide the Individual Debtor information in item 10 of	the Financing Sta		
Dunigan	Danita			
2c. MAILING ADDRESS 1014 7th Ave SW	Alabaster	STATE	POSTAL CODE  35007	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	ECURED PARTY): Provide only <u>one</u> Secured Part	y name (3a or 3b	)	
3a. ORGANIZATION'S NAME Microf				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
JOB. INDIVIDUAL S SCINIVINE	THINGI I ENGUINAL NAIVIL	ADDITIO	VAL IVANIE(S)/IIVITIAE(S)	SOFFIX
3c. MAILING ADDRESS P.O. Box 70085	CITY	STATE	POSTAL CODE	COUNTRY
	Albany	GA	31707	USA
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now exist certain Lease No. 56398 between Debtor as Less other claims and rights to payment and chattel page Equipment, (iii) all books, records and proceeds rethe Lessee may be or become entitled by reason of the Lessee may be or become entitled by the Lessee may b	see and Microf, LLC as Lessor, per arising out of such elating to the foregoing, and (iv)	(ii) all insu any other	rance, warranty, in property or rights the purposes of the contract of the purposes of the pur	rental and to which
financing statement, "Equipment" shall be further of substitutions, replacements, upgrades, repairs, paraccessions thereto. THIS FILING IS FOR PRECAPARTIES CONSIDER THIS TRANSACTION TO E	orts and attachments, improvem LUTIONARY AND INFORMATION BE A TRUE LEASE. LESSEE H	ents and ONAL PUR IAS NO RI	POSES ONLY. T	ΉE
financing statement, "Equipment" shall be further of substitutions, replacements, upgrades, repairs, paraccessions thereto. THIS FILING IS FOR PRECAL PARTIES CONSIDER THIS TRANSACTION TO E PLEDGE THE EQUIPMENT, IT IS OWNED BY LE	orts and attachments, improvem LUTIONARY AND INFORMATION BE A TRUE LEASE. LESSEE H	ents and ONAL PUR IAS NO RI	POSES ONLY. T	ΉE
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Wilmington, DE 19808

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## 20170424000140130 04/24/2017 03:44:57 PM UCC1 2/3

## UCC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	ancing Statement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME  Lawson				
FIRST PERSONAL NAME				
Lloyd  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> addition	onal Debtor name or Debtor name that did not fit in		IS FOR FILING OFFICE Statement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of the Debtor's national 10a. ORGANIZATION'S NAME	me) and enter the mailing address in line 10c			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
				LOUIEEIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTI
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  M# PH14NB036000 S# 0317X75952  PAYNE Heat Strips M# FB4-10-1CB  S# 268275-003-016 PAYNE Air Handler			POSTAL CODE	COUNTR
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  ## PH14NB036000 S# 0317X75952  PAYNE Heat Strips M# FB4-10-1CB	M# FB4CNF036L00AEAA S#	1217A71225  MENT:		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  ## PH14NB036000 S# 0317X75952  PAYNE Heat Strips M# FB4-10-1CB  ## 268275-003-016 PAYNE Air Handler  ## This FINANCING STATEMENT is to be filed [for record] (REAL ESTATE RECORDS (if applicable)  ## Name and address of a RECORD OWNER of real estate desc (if Debtor does not have a record interest):	Or recorded) in the 14. This FINANCING STATE covers timber to be	1217A71225  EMENT: cut  covers as-extracted e:		fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  ## PH14NB036000 S# 0317X75952  PAYNE Heat Strips M# FB4-10-1CB  ## 268275-003-016 PAYNE Air Handler  ## This FINANCING STATEMENT is to be filed [for record] (REAL ESTATE RECORDS (if applicable)  ## Name and address of a RECORD OWNER of real estate desc	or recorded) in the 14. This FINANCING STATE covers timber to be cribed in item 16 16. Description of real estate	1217A71225  EMENT: cut  covers as-extracted e:		
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Filed and Recorded

County Clerk

S34.00 CHERRY

20170424000140130

Official Public Records

Shelby County, AL 04/24/2017 03:44:57 PM

Judge James W. Fuhrmeister, Probate Judge,