## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-9	5294
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1326 03804	
Corporation Service Company	
801 Adlai Stevenson Drive Springfield, IL 62703	<b>—</b> ——
I	Filed In: Alabama (Shelby)
	(On londy)

20170619000214830 06/19/2017 09:31:59 AM UCC1 1/2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL NAME(\$)/INITIAL(\$) FIRST PERSONAL NAME THOMASON MARY 1c. MAILING ADDRESS 6 DEER SPRINGS CIR STATE POSTAL CODE COUNTRY CITY USA PELHAM 35124 AL2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's

	2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S		SUFFIX
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURAL ORGANIZATION'S NAME Preferred Credit, Inc	IRED PARTY): Provide only <u>one</u> Secured Party nam	e (3a or 3b	)	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS 628 Roosevelt Road Suite #100	Saint Cloud	STATE	POSTAL CODE 56301	COUNTRY

name will not fit in line 2b, leave all of item 2 blank, check here

RAINSOFT water treatment system including reverse osmosis.

Ser #'s 1451294

1451278

Amount of Indebtedness: \$6,645.00

"All collateral described herein falls within the scope of Article 9."

6. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representativ					
6b. Check only if applicable and check only one box:					
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	ver Bailee/Bailor Licensee/Licensor				

8. OPTIONAL FILER REFERENCE DATA: :01610610THOMASON

1326 03804

<sup>4.</sup> COLLATERAL: This financing statement covers the following collateral: \*\*Purchase money security interest in...\*\*

## 20170619000214830 06/19/2017 09:31:59 AM UCC1 2/2

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Special because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
THOMASON						
FIRST PERSONAL NAME						
MARY						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor's do not omit, modify, or abbreviate any part of the Debtor's name) and		line 1b or 2b of the Financing	Statement (Form UCC1) (use	e exact, full name		
10a. ORGANIZATION'S NAME	enter the maining address in line 100					
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INIDIMIDITALIONAL NAME/OMBITALIONAL				LOUEEIX		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'	S NAME: Provide only <u>one</u>	name (11a or 11b)			
11a. ORGANIZATION'S NAME		<u> </u>	•			
OR				laueen		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	Judge Jam County Cl Shelby Con 06/19/2017 \$42.05 CH 201706190	ablic Records les W. Fuhrmeister, Probate J lerk lerk lunty, AL l 09:31:59 AM ERRY 00214830	udge,	5		
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	rded) in the 14. This FINANCING STATE covers timber to be d		l collateral	a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in	item 16 16. Description of real estate	<u> </u>				
	MÄRY H THOMASON					
6 DEER SPRINGS CIR PELHAM, AL 35124 OFFICE OF SHELBY COUNTY, ALABAMA.						
PELHAM, AL 35124	OFFICE OF SHEL	.DI COUNTI, ALF	ADAIVIA.			
	IN THE CITY OF FIN THE COUNTY					
	APN: 14-4-17-4-00	01-035-000				
17. MISCELLANEOUS:						