**UCC FINANCING STATEMENT** 

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FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1349 07025 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX FIRST PERSONAL NAME Robin Messer 1c. MAILING ADDRESS 330 Timber Ridge Trail POSTAL CODE COUNTRY STATE CITY USA 35007 Alabaster 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX FIRST PERSONAL NAME CITY POSTAL CODE COUNTRY 2c. MAILING ADDRESS STATE 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Microf 3b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 3c. MAILING ADDRESS P.O. Box 70085 CITY STATE POSTAL CODE COUNTRY GA USA Albany 31707 4. COLLATERAL: This financing statement covers the following collateral: The indebtedness amount is \$ 14,671.40

SEE ATTACHED EXHIBIT

5. Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	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	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	4040.0700

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## UCC FINANCING STATEMENT ADDENDUM

FOI	LOW INSTRUCTIONS						
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 1b was left	t blank				
•	9a. ORGANIZATION'S NAME						
OR							
<b>.</b>	9b. INDIVIDUAL'S SURNAME  Messer						
	FIRST PERSONAL NAME						
	Robin						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
				THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or			line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use	exact, full name;
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 10a. ORGANIZATION'S NAME	nailing address i	in line 10c				
	TOB. ORGANIZATION S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECUR	ED PARTY'	S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)	
	11a. ORGANIZATION'S NAME						
OR	441. INIDI) (IDI) (ALIO OLIDALANA)	TEIDOT DEDO	ONIAL NIANIE		LABBITIO	ALAL ALABATION (AND LITERAL (CO.)	OUEEN
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
11c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINA	NCING STATE	MENT:			
15	Name and address of a RECORD OWNER of real estate described in item 16	<del>                                     </del>	rs timber to be o		extracted o	collateral  is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16  (if Debtor does not have a record interest):  330 Timber Ridge Trail  Lot 210 according to the Survey of the Final Plat of Forest Ridge							
Alabaster, AL 35007  Phase 2 as recorded in Map Book 32, Page 62, Shelby Count							
Alabama Records.							
17	MISCELLANEOUS:						

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

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All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 62042 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 16 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

BRYANT Air Handler M# FB4CNP048L00 S# 0717A88087

BRYANT Heat Pump Condenser M# 214DNA048000 S# 2917E15029

Filed and Recorded Official Public Records Judge James W. Fuhrmeister, Probate Judge, County Clerk Shelby County, AL 08/14/2017 09:24:51 AM \$56.05 JESSICA

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