CLIOWINSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Rhonda McDaniel (256)280-9159 E-MAIL CONTACT AT FILER (optional)			A 3 71 0		يسترسين
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rmcdaniel@myprogressbank.com				00460=40	
SEND ACKNOWLEDGMENT TO: (Name and Address) Progress Bank and Trust		20180516000168710 05/16/2018 12:10:55 PM			
Decatur, AL 3501			•		
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DESTOR'S NAME: Provide only one Debtor name (1e o	r 1h) (use exect, full name; de not omit, m	•			
name will not fit in line 1b, leave all of item 1 blank, check her	·	information in Item 10	of the Financing Sta	stement Addendum (Form U	CC1Ad)
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Scotch Homes & Land Develop				61 A 61 A 64 E 4 E 4 E 4 E 1 E 1 E 1 E 1 E 1 E 1 E	1967
_ •	FIRST PERSONAL	NAME	יסוווסטאן	NAL NAME(S)/INITIAL(S)	SUFFIX
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	STATE	POSTAL CODE	COUNTRY
16. INDIVIDUAL'S SURNAME MAILING ADDRESS 997 Willow Branch Trail	CITY Chelsea c 2b) (use exact, full name; do not omit, m	odify, or abbreviate an	STATE AL ny part of the Debion	POSTAL CODE 35043 's name); if any part of the li	COUNTRY USA
1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 997 Willow Branch Trail DEBTOR'S NAME: Provide only one Debtor name (2a o name will not fit in line 2b, feave all of item 2 blank, check has 2a. ORGANIZATION'S NAME	CITY Chelsea c 2b) (use exact, full name; do not omit, m	odify, or abbreviate an information in item 10	STATE AL Ty part of the Debion of the Financing Sta	POSTAL CODE 35043 's name); if any part of the li	COUNTRY USA
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5. 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 Representative
6a. Check <u>only</u> if applicable and check <u>only</u> оле box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lassor Consignee/Consignor Saller/Buy	yer Bailee/Bailor Licenses/Licensor
B. OPTIONAL FILER REFERENCE DATA:	
9000836300	