UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1512 83349 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama (Shelby)
1 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	e exact_full_name: do not omit

1512 83349					
CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703	Filed In: Alabama				
	(Shelby)				
		THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or name will not fit in line 1b, leave all of item 1 blank, check here	<u> </u>				
1a. ORGANIZATION'S NAME					
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N.	FIRST PERSONAL NAME		ADDITIONAL NAME(\$)/INITIAL(\$)	
Holsombeck	Donald				
. MAILING ADDRESS 1349 Inverness Cove Dr	CITY		STATE	POSTAL CODE	COUNTRY
"" "Envo voor Foo 1949 IIIVEITIESS COVE DI	Birmingham		AL	35242	USA
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or	<u></u>				
name will not fit in line 2b, leave all of item 2 blank, check her	e and provide the Individual Debtor inf	omation in item 10 of t	me rinancing Sta	atement Addendum (Forn	
2a. ORGANIZATION'S NAME					
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	<u></u> 4МЕ	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
CECUDED DADEVIC MANGE & MANGE & ANDRESS					
SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME Microf	f ASSIGNOR SECURED PARTY): Provide	only <u>one</u> Secured Party	y name (3a or 3b) 	
Sale Sale Sale Sale Sale Sale Sale Sale					
R 3b. INDIVIDUAL'S SURNAME	TEIRST PERSONAL N	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFF	
30. INDIVIDUAL S SUNNAIVIL	I IIXOT I LIXOONAL IV	TIVIL		INAL INAIVIL (O)/IINTTIAL(O)	
MAILING ADDRESS D. O. D ZOOOF	CITY		OTATE	POSTAL CODE	COUNTRY
MAILING ADDRESS P.O. Box 70085	Albany		GA	31707	USA
			<u> </u>	01707	00/1
COLLATERAL: This financing statement covers the following Indebtedness Amount: \$8,885.52	ıg collateral:				
All of the Debtor's right, title and interes		ar arisina in ar	nd to all of	the Fauinment s	subject to the
certain Lease No. 72669 between Debte	•	•		• •	•
other claims and rights to payment and		· · · · · · · · · · · · · · · · · · ·	` '		
			• • •		•
relating to the foregoing, and (iv) any ot			-		
of Lessee's interest in the Equipment. F	•	•	•		
described in item 16 of the UCC1Ad atta	·			, , ,	•
parts and attachments, improvements a					
INFORMATIONAL PURPOSES ONLY.					
LESSEE HAS NO RIGHT TO SELL OR	PLEDGE THE EQUIPMEN	II, II IS OWN	FD BA FF	SSOR AND LEA	ASED TO
LESSEE.					
			l, . ,		1.5
Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, item 17 a		_	red by a Decedent's Pers	·
a. Check <u>only</u> if applicable and check <u>only</u> one box:			ου. Check <u>only</u> i	if applicable and check <u>or</u>	<u>ιιγ</u> one box:
Public-Finance Transaction Manufactured-Ho					
'. ALTERNATIVE DESIGNATION (if applicable): ✓ Lessee/I	me Transaction A Debtor is a Tra	ansmitting Utility	Agricul	tural Lien Non-U	CC Filing

8. OPTIONAL FILER REFERENCE DATA:

1512 83349

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Holsombeck FIRST PERSONAL NAME Donald 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX POSTAL CODE COUNTRY 11c. MAILING ADDRESS STATE CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2018 Carrier A/C Condenser M# KFCEH0501N05 S# 1218v85878 2018 Carrier A/C Condenser M# FB4CNP025L00 S# 4917f03316 2018 Carrier A/C Condenser M# CH14ND02400G S# 0718x15232 13. 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 as-extracted collateral covers timber to be cut 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 138A, according to the Final Plat of the Residential Subdivision Inverness Cove, Phase 2, Resurvey #1, as recorded in Map Book 36, Page 110, in the Probate Office of Shelby County, Alabama. Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 08/27/2018 01:48:41 PM S45.35 CHERRY alli S. Buyl 20180827000307070

17. MISCELLANEOUS: