JCC FINANCING STATEMENT OLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
Connie Sorenson (801) 747-7713	877011					
B. EMAIL CONTACT AT FILER (optional)						
csorenson@medallionbank.com  SEND ACKNOWLEDGMENT TO: (Name and Address)		2018112	8000416660			
CONTRACTOR ACTION ACTIO	——————————————————————————————————————	Shelby	Cnty Judge	of Probate, Al		
MEDALLION BANK	•	11/28/2	018 01:25:1	1 PM FILED/CER	?T	
1100 EAST 6600 SOUTH, SUITE 510						
SALT LAKE CITY, UT 84121						
· •	A 1					
FILED IN: SHELBY	,AL	THE ABOVE S	PACE IS FOR F	ILING OFFICE USE	ONLY	
DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use	e exact, full name, do not omit, mo			<u> </u>	<del>,</del>	
name will not fit in line 1b, leave all of item 1 blank, check here $\Box$ and						
1a. ORGANIZATION'S NAME						
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAMÉ	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
Hayes	William					
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
104 King Valley St	Pelham		AL	35124	USA	
DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here  and						
2a ORGANIZATION'S NAME	provide the individual Debior inton	nation in item to of the rif	anding Statement	Addendam (1 om occ	1744)	
\D						
26 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX	
Hayes	Kacey	Kacey				
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
104 King Valley St	Pelham		AL	35124	USA	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	SNOR SECURED PARTY): Provid	e only <u>one</u> Secured Party	name (3a or 3b)			
3a. ORGANIZATION'S NAME						
MEDALLION BANK 36. INDIVIDUAL'S SURNAME	I FIRST PERSON	F PERSONAL NAME		(S) SUFFIX		
SD. HADIVIDOAL S SORIVAINE						
Sc. MAILING ADDRÉSS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY	
		/E" (CIT\/		04404	USA	
1100 EAST 6600 SOUTH, STE 510	SALT LAI	(E CH Y	UT	84121	USA	
COLLATERAL: This financing statement covers the following collater	ral:					
Roof - Fixture Filing						
THE FOLLOWING PROPERTY IS SITUA	TED IN PELHAM, CO	DUNTY OF SHE	LBY, STAT	E OF ALABA	MA TO WIT	
BK/PG: 22-89 LOT 3 VALLEY COVE GAF		PERTY ADDRES	SS: 104 KIN	IG VALLEY S	T, PELHAN	
AL 35124 PARCEL ID#: 13-6-23-1-002-02	23-003					
TOTAL VALUE OF COLLATERAL FOR A	L RECORDATION T	AX IS \$14805.0	0			
······································	· · · · · · · · · · · · · · · · · · ·			n Docodont's Bersonal	Poncesentative	
	I in a Trust (see UCC1Ad, item 17 a			a Decedent's Personal olicable and check only		
Sa. Check <u>only</u> if applicable and check <u>only</u> one box Public-Finance Transaction Manufactured-Home Tr	ansaction A Debtor is a Tr	ອຍ ansmitting Utility	Agnoultural L			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor		Seller/Buyer	Bailee/E		see/Licensor	
8. TETERITORITORITORITORITORITORITORITORITORITO					·	
OPTIONAL FILER REFERÊNCE DATA:				<u> </u>		

ICC FINANCING STATEMENT ADDEND	UM				
OLLOW INSTRUCTIONS  NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen	nt; if line 1b was left blank				
because individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME		20181 Shelh	1280 - Cr	00416660 2/2 \$54 ity Judge of Prob	.35 ate, AL
Hayes	· • • • • • • • • • • • • • • • • • • •	11/28	y Ci / 201	8 01:25:11 PM FI	LED/CERT
FIRST PERSONAL NAME					
William	<u></u>				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	e or Debtor name that did not fit in		_	FOR FILING OFFICE U	<del></del>
do not omit, modify, or abbreviate any part of the Debtor's name) and enter th				TO (FORTH OCC 1) (USC CXUC), 1	en Hame,
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
		<u>,, ,, , , , , , , , , , , , , , , , , </u>			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del></del>	<del></del>	<u>,,,,=,,,=</u>	······································	SUFFIX
THE THE ONLY THE THE THE TELEVISION TO THE TELEVISION THE TELEVISION THE TELEVISION THE TELEVISION THE TELEVISION THE TE					
c. MAILING ADDRESS	CITY	STA	ATE	POSTAL CODE	COUNTRY
					USA
11Б INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	ADDITIONAL NAME(\$)/INITIAL(\$)		SUFFIX
AAAU ING ADDDESS	ÇITY	ST.	ATE	POSTAL CODE	ČOUNTRY
c. MAILING ADDRESS			716	TOUTAL CODE	000111111
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
TODATION.					
This FINANCING STATEMENT is to be filed [for record] (or recorde the REAL ESTATE RECORDS (if applicable)	d) in 14. This FINANCING S		<del>-</del>	1 <del></del>	
. Name and address of a RECORD OWNER of real estate described in item	Covers timber to b	e cut covers as-extracted	colla	teral S is filed as a fixtu	ure filing
(if Debtor does not have a record interest)					
Owners: William Hayes, Kacey Hayes	1	WING PROPERTY			•
		COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: BK/PG: 22-89 LOT 3 VALLEY COVE GARDEN HOMES			
		PROPERTY ADDRESS: 104 KING VALLEY ST, PELHAM			
		EL ID#: 13-6-23-1-0		•	, -
'. MISCELLANEOUS:		, <u>"=-</u>			