LICC EINANCING STATEMENT

	LOW INSTRUCTIONS			
	AME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			7
	-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wo	olterskluwer.com	- 1	
C.S	SEND ACKNOWLEDGMENT TO: (Name and Addres	s) 30691 - REDB	RICK	7
Γ	Lien Solutions P.O. Box 29071	71390	573	
	Glendale, CA 91209-9071	ALAL		
		FIXTU	RE	
	File with: Shelby, AL			
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a one will not fit in line 1b, leave all of item 1 blank, check here			
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OR -	1b. INDIVIDUAL'S SURNAME		FIRST PERSOI	NAI NAME
	FINDLEY		JEREMY	

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Shelby Coty Judge 1/2 \$44.90
Shelby Cnty Judge of Probate: AL 08/27/2019 01.25:27 PM EU ED/0505
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	LIVIOUE	PM FILED/CERT			
File with: Shelby, AL		THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY		
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a ame will not fit in line 1b, leave all of item 1 blank, check h		or abbreviate any part of the Debtor's name); if any part of the ation in item 10 of the Financing Statement Addendum (Form U			
1a. ORGANIZATION'S NAME					
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
FINDLEY	JEREMY	DALE			
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
8 WIDGEON DRIVE	ALABASTER	AL 35007-5367	USA		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
SECURED PARTY'S NAME (or NAME of ASSIGNED 3a. ORGANIZATION'S NAME	E of ASSIGNOR SECURED PARTY): Provide only	one Secured Party name (3a or 3b)	<u> </u>		
REDBRICK FINANCIAL					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$8,520.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$12.90

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 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/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
71390573 REDBRICK	20191831983

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME						
			#			
9b. INDIVIDUAL'S SURNAME						
FINDLEY			0 82 70003150 by Cnty Jud		-	
FIRST PERSONAL NAME JEREMY			7/2019 01:29			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
DALE		Ì	THE ABOVE	SPACE	E IS FOR FILING OF	FICE USE C
DEBTOR'S NAME: Provide (10a or 10b) only one addition	nal Debtor name or Debtor name	e that did not fit in line	1b or 2b of the Fi	nancing S	tatement (Form UCC1) (u	ise exact, full
o not omit, modify, or abbreviate any part of the Debtor's name 10a. ORGANIZATION'S NAME	e) and enter the mailing address	s in line 10c				
TOB. ONGARIZATIONS NAME						
10b. INDIVIDUAL'S SURNAME				 		
						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME <u>or</u> 11a. ORGANIZATION'S NAME	ASSIGNOR SECUR	ED PARTY'S NAM	IE: Provide only	one nam	e (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
					· <u></u>	
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
ADDITIONAL COACE FOR ITEM 4 (C-11-41).						<u> </u>
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	i l	NANCING STATEME				
REAL ESTATE RECORDS (if applicable)		vers timber to be cut	NT:	extracted	collateral 🔀 is filed as	a fixture filin
REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate des			г 	extracted	collateral X is filed as	a fixture filin
REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate des	scribed in item 16 16. Descrip	vers timber to be cut otion of real estate:	Covers as-e		collateral X is filed as	
REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate des	scribed in item 16 16. Descrip	vers timber to be cut otion of real estate:	Covers as-e		collateral Sis filed as	-
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☑ This FINANCING STATEMENT is to be filed [for record] (REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate desif Debtor does not have a record interest):	scribed in item 16 16. Descrip	vers timber to be cut ption of real estate:	Covers as-e		collateral X is filed as	-
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate des	scribed in item 16 16. Descrip	vers timber to be cut ption of real estate:	Covers as-e		collateral X is filed as	-