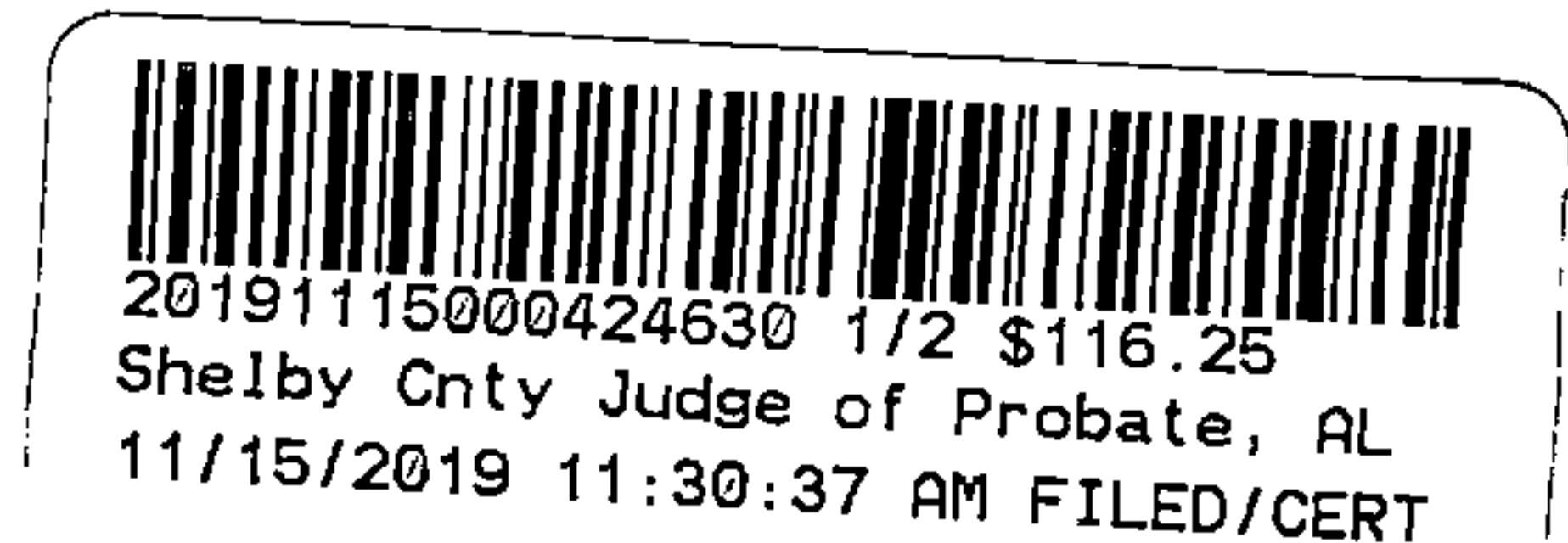


UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)		
Connie Sorenson	(801) 747-7713	1047299
B. EMAIL CONTACT AT FILER (optional)		
csorenson@medallionbank.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
MEDALLION BANK		
1100 EAST 6600 SOUTH, SUITE 510		
SALT LAKE CITY, UT 84121		
FILED IN: SHELBY,AL		



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **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 name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Makofski		Dawn		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
320 Cromwell		Maylene	AL	35114 USA

2. **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 name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Makofski		Jeff		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
320 Cromwell		Maylene	AL	35114 USA

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				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MEDALLION BANK				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
1100 EAST 6600 SOUTH, STE 510		SALT LAKE CITY	UT	84121 USA

4. **COLLATERAL:** This financing statement covers the following collateral:

inground pool - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN MAYLENE, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: CEDAR GROVE AT STERLING GATE SEC 2 PH 12B MB/MP 39/092 LOT 354 SEC 03 T21 R3W ALABASTER TWP PROPERTY ADDRESS: 320 CROMWELL, MAYLENE, AL 35114 PARCEL ID#:23-2-03-2-005-055-000

TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$51500.00

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 :

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

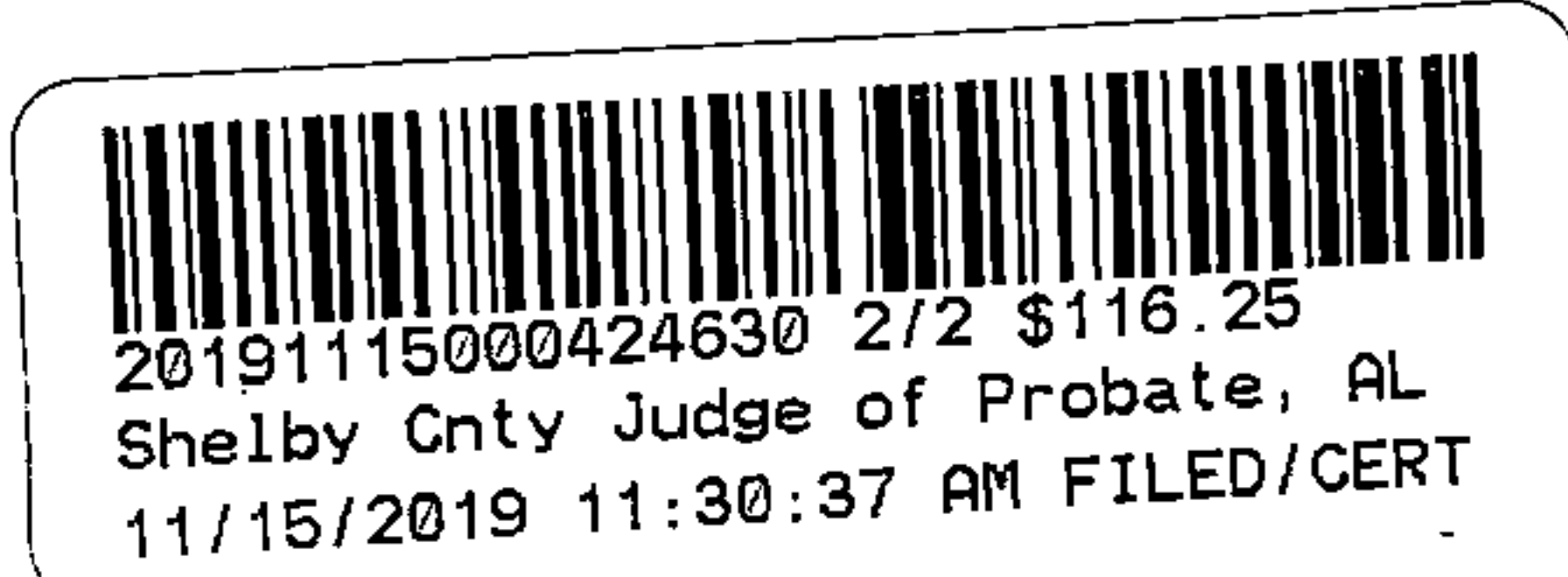
8. OPTIONAL FILER REFERENCE DATA:

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	
OR	
9b. INDIVIDUAL'S SURNAME	
Makofski	
FIRST PERSONAL NAME	
Dawn	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX



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				
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
				USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE

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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Owners: Dawn Makofski , Jeff Makofski

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN MAYLENE, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: CEDAR GROVE AT STERLING GATE SEC 2 PH 12B MB/MP 39/092 LOT 354 SEC 03 T21 R3W ALABASTER TWP PROPERTY ADDRESS: 320 CROMWELL, MAYLENE, AL 35114 PARCEL ID#:23-2-03-2-005-055-000

17. MISCELLANEOUS: