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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS		_		
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)				
1800 51697				
CSC 801 Adlai Stevenson Drive				
Springfield II 62703	n: Alabama			
	(Shelby)			
	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide to	name; do not omit, modify, or abbreviate any part on the Individual Debtor information in item 10 of the			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Sanders	George		ADDITIONAL NAME(\$)/INITIAL(\$)	
1c. MAILING ADDRESS 225 Kensington Lane	CITY	STATE POSTAL CODE		COUNTRY
	Alabaster	AL	35007	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	name; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	I RED PARTY): Provide only <u>one</u> Secured Party na	ıme (3a or 3b)	
3a. ORGANIZATION'S NAME Microf				
OR OF INDIVIDUALIS CUIDNAME	TEIDOT DEDOONAL NAME	ADDITIO	NIAL NIANATION/INITIAL/ON	TOUEEIV
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 70085	CITY	STATE	POSTAL CODE	COUNTRY
1 .O. DOX 7 0000	Albany	GA	31707	USA
4. COLLATERAL: This financing statement covers the following collateral: The indebtedness amount is \$25,012.80				
All of the Debtor's right, title and interest, now existing	g and hereafter arising, in and	to all of	the Equipment sul	oject to that
certain Lease No. 124719 between Debtor as Lesse	e and Microf,LLC as Lessor, (ii)	all insu	rance, warranty, re	ental and
other claims and rights to payment and chattel pape	. ,		•	•
relating to the foregoing, and (iv) any other property	_	•		•
of Lessee's interest in the Equipment. For the purposed seribod in item 16 of the LICC1 Ad attached bareto		• •		
described in item 16 of the UCC1Ad attached hereto parts and attachments, improvements and accession		•	, ,	
INFORMATIONAL PURPOSES ONLY. THE PARTIE				
LESSEE HAS NO RIGHT TO SELL OR PLEDGE TH				
LESSEE.				
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) bei	ng administe	red by a Decedent's Persona	l Representative
6a. Check only if applicable and check only one box:			if applicable and check only	·
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricul	tural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Ba	ilee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:				1800 51697

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UCC FINANCING STATEMENT ADDENDUM

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Star because Individual Debtor name did not fit, check here	concint, it time to was felt blank				
	9a. ORGANIZATION'S NAME		1	ords	ınty Alabama, County	7
OR			Clerk Shelby County, AL			
ΟI	19b. INDIVIDUAL'S SURNAME		04/02/2020 01:26:57 \$76.65 JESSICA	7 PM		
	Sanders FIRST PERSONAL NAME		20200402000129360		a	Uni 5. Bey
	George					7
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
			THE ABOVE	SDACE	IS FOR FILING OFFI	CE LISE ONLY
10.	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en					
	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
∤1 .	ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PAR	TY'S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(\$)/INITIAL(\$	S) SUFFIX
11c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
20	ADDITIONAL SPACE FOR ITEM 4 (Collateral): 020 GOODMAN ARUF37C14 2.5 TON 020 GOODMAN CAPF3636B6 3 TON 020 GOODMAN GMES800604BN 60K BTU 2 ON HEAT PUMP	2020 GOODMAN GSZ	140301 2.5 TON	۱ 2020	GOODMAN G	SZ140301 2.5
	This FINANCING STATEMENT is to be filed [for record] (or recorde	d) in the 14. This FINANCING STA	ATEMENT:			
T.	REAL ESTATE RECORDS (if applicable)	covers timber to	be cut covers as-	extracted o	collateral 🗹 is filed	as a fixture filing
T.		covers timber to	be cut covers astate: RDING TO THE RECORDED IN	MAP MAP Y COU	OR STERLING BOOK 19, PAC JNTY, ALABAM	GATE SE 90 IN THE 1A, BEING