C. SEND ACKNOWLEDGMENT TO: (Name and Address) Tatl 64905 CSC SOL Addia Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) CCC 1 1/2 UCC 1 1/2 U	C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1811 64905 20200429000166850 04/29/2020 11:31:21 AM UCC1 1/2 UCC	A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME Table T	Tab. ORGANIZATIONS NAME DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name on not only, modify, or abbreviate any part on the Debtors name); if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATIONS NAME DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name on not only, modify, or abbreviate any part of the Debtors name); if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATIONS NAME DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; on not only, modify, or abbreviate any part of the Debtors name); if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATIONS NAME FIRST PERSONAL NAME DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name); if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATIONS NAME DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name); if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) 3b. INDIVIDUAL'S SURNAME DEBTOR'S NAME: Provide only one Debtor name, if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only one Debtor name, if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form UCC1Ad) DEBTOR'S NAME: Provide only one Debtor name, if any part of the Individual Debtor Information in term (1 of the Financing Statement Addendum (Form U	C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1811 64905 CSC 801 Adlai Stevenson Drive		04/2 UC	29/2020 C1 1/2	11:31:21 AM	
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The content of the post of the Debtor's name; if any part of the Individual 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 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 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 1800 TRAILRIDGE DR 2c. MAILING ADDRESS 1800 TRAILRIDGE DR 2c. MAILING ADDRESS 1800 TRAILRIDGE DR 2d. ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Foundation Finance Company LLC OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO STATE POSTAL CODE COUNTRY PELHAM AL 35124 USA 35124 USA 35124 USA 35. INDIVIDUAL'S SURNAME CITY Weston CITY Weston CITY Weston CITY Weston CITY Weston CITY Weston COUNTRY Weston COUNTRY POSTAL CODE COUNTRY Weston COUNTRY POSTAL CODE COUNTRY Weston COUNTRY Weston COUNTRY Weston COUNTRY Weston COUNTRY Weston COUNTRY POSTAL CODE COUNTRY Weston COUNTRY COU	Title MAILING ADDRESS 1800 TRAILERIDGE DR CITY PELHAM ALL 35124 COUNTI ON AME: Provide only gate Debtor name (2a or 2b) (use exact, full name; so not ormit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ac) 2a. CRGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME COLEMAN BRADFORD FIRST PERSONAL NAME BRADFORD THOMAS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gate Secured Party name (3a or 3b) 3a. CRGANIZATION'S NAME Foundation Finance Company LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) JSD. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX COLVET STATE ADDITIONAL NAME(SYINITIAL(S) SUFFIX COLVET STATE ADDITIONAL NAME(SYINITIAL(S) SUFFIX COLVET STATE ADDITIONAL NAME(SYINITIAL(S) SUFFIX COLVET Weston 4. COLLATERAL TRIS (Impring a strength covers the following collateral: HEATHER COLEMAN 1800 TRAILERIDGE DR PELHAM 1800 TRAILERIDGE DR PELHAM TOTAL AMOUNT SECURED \$7,000.00	DR 1b. INDIVIDUAL'S SURNAME		ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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 name will not fit in line 2b, leave all of litem 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME COLEMAN BRADFORD FIRST PERSONAL NAME BRADFORD THOMAS 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 Foundation Finance Company LLC DR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO STATE POSTAL CODE COUNTRY Weston CITY Weston 4. COLLATERAL: This financing statement covers the following collateral: HVAC SYSTEM INSTALLED HEATHER COLEMAN BRADFORD THOMAS COLEMAN	2. DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not ontilt, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. GRGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME COLEMAN 2c. MAILING ADDRESS 1800 TRAILRIDGE DR PELHAM 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE of ASSIGNEE of ASSIGNEE STATE) 3a. GRGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNEE DEARTY): Provide only gas Secured Party name (3a or 3b) 3a. GRGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ARTY): Provide only gas Secured Party name (3a or 3b) 3b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 7802 Meadow Rock Drive 1c. MAILING AD		CITY				COUNTRY
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3c. MAILING ADDRESS 7802 Meadow Rock Drive CITY Weston STATE VI POSTAL CODE 54476 COUNTRY USA 4. COLLATERAL: This financing statement covers the following collateral: HVAC SYSTEM INSTALLED HEATHER COLEMAN BRADFORD THOMAS COLEMAN 1800 TRAILRIDGE DR PELHAM, AL 35124	A. COLLATERAL: This financing statement covers the following collateral: HVAC SYSTEM INSTALLED HEATHER COLEMAN BRADFORD THOMAS COLEMAN 1800 TRAILRIDGE DR PELHAM, AL 35124 TOTAL AMOUNT SECURED \$7,000.00	3a. ORGANIZATION'S NAME Foundation Finance Comp	any LLC		,		SUFFIX
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	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 Represen	HEATHER COLEMAN BRADFORD THOMAS COLEMAN 1800 TRAILRIDGE DR PELHAM, AL 35124					

1811 64905

8. OPTIONAL FILER REFERENCE DATA: : 15708781 / 60022349

20200429000166850 04/29/2020 11:31:21 AM UCC1 2/2

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank					
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
COLEMAN						
FIRST PERSONAL NAME						
HEATHER						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the many		line 1b or 2b of the Fi	nancing S	tatement (Form UCC1) (use	exact, full name;	
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	
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO 11a. ORGANIZATION'S NAME	OR SECURED PARTY'	S NAME: Provide o	nly <u>one</u> na	me (11a or 11b)		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
12. ABBITTOTALE OF AGE FOR THE IN A COGNATORAL.						
	1					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	MENT:				
	covers timber to be a		extracted of	collateral is filed as a	fixture filing	
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): HEATHER COLEMAN	16. Description of real estate		нит	SOND SECTOR M	/ R/MD·	
	Legal Description:SUB: INDIAN HILLS 2ND SECTOR M B/MP: 04/091 LOT/BLOCK: 6/4 County:SHELBY,AL APN:11-7-36-4					
	001-036-000 Cens	•		-	•	
PELHAM, AL 35124	Township-Range-S				ILLS 2ND	
	SECTOR					
	Legal Book/Page:0	04-091 Legal I	_ot:6			
Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County	Legal Block:4 Neig	hbor Code:E	Γ4 Mu	nic/Township:PEL	.HAM	
Clerk Shelby County, AL						
04/29/2020 11:31:21 AXI \$49.50 CHERRY 20200429000166850 Out 5 Bus						
17. MISCELLANEOUS:						