NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)				
2084 18455				000154780	
CSC 801 Adlai Stevenson Drive		03/29/2021 12:27:38 PM UCC1 1/3			
Springfield, IL 62703	Filed In: Alabama				
	(Shelby)	TUE ADA	VE SDACE IS EC	D EII ING OFFICE HE	E ONL V
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or	1b) (use exact, full name; do not omit, m			R FILING OFFICE US 's name); if any part of the	
name will not fit in line 1b, leave all of item 1 blank, check here					
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL			NAL NAME(S)/INITIAL(S)	SUFFIX
POSEY	KATHLEEN		JOY	T	
MAILING ADDRESS 505 LAKESIDE CIRCLE	WILSONVIL	_LE	STATE	35186	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL		ADDITIO	NAL NAME(S)/INITIAL(S)	
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME					
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL CITY of ASSIGNOR SECURED PARTY): Provi	ide only <u>one</u> Secured F	ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Service Experts Heads)	FIRST PERSONAL CITY of ASSIGNOR SECURED PARTY): Provi	ide only <u>one</u> Secured F	ADDITIO STATE Party name (3a or 3b)	NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Service Experts Headers)	FIRST PERSONAL CITY of ASSIGNOR SECURED PARTY): Provi	ide only <u>one</u> Secured F	ADDITIO STATE Party name (3a or 3b)	NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Service Experts Heads)	FIRST PERSONAL CITY of ASSIGNOR SECURED PARTY): Provi eating & Air Conditioning L FIRST PERSONAL	ide only <u>one</u> Secured F	ADDITIO STATE Party name (3a or 3b)	NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY

2084 18455

8. OPTIONAL FILER REFERENCE DATA:

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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 9b. INDIVIDUAL'S SURNAME POSEY FIRST PERSONAL NAME KATHLEEN ADDITIONAL NAME(S)/INITIAL(S) SUFFIX JOY 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX FIRST PERSONAL NAME POSTAL CODE COUNTRY 11c. MAILING ADDRESS STATE CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): KATHLEEN JOY POSEY ALL THAT LOT, PIECE OR PARCEL OF LAND, SITUATE IN THE CITY OF WILSONVILLE, COUNTY OF SHELBY, STATE OF 505 LAKESIDE CIR ALABAMA, BEING KNOWN AND DESIGNATED AS LOT 235, WILSONVILLE, AL 35186 LAKEWOOD PHS 2 SUBDIVISION. 17. MISCELLANEOUS:

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EXHIBIT A

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 02/17/2021, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A CARRIER heating component, Model #25VNA048A003 (Serial # 4020E19228) and a CARRIER air conditioner, Model # FE4ANB006L00 (Serial # 4420F07692), whether now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts

and tools belonging thereto or for use in connection therewith; and any and all products and proceeds of any of the foregoing (including, but not limited to, any claims to any items referred to in this definition, and any claims of Debtor against third parties for loss of, damage to or destruction of any or all of the collateral or for proceeds payable under, or unearned premiums with respect to, policies of insurance) in whatever form, including, but not limited to, all cash, interest, principal, royalties, license fees, rents, dividends, negotiable instruments and other instruments for the payment of money, chattel paper, security agreements and other documents or other property from time to time received, receivable or otherwise distributed in respect of, or in exchange for, the collateral. Said collateral is located at address:

505 LAKESIDE CIRCLE

WILSONVILLE, AL 35186

THIS FILING IS MADE FOR NOTICE PURPOSES ONLY. THE DEBTOR HAS NO OWNERSHIP RIGHTS IN THE COLLATERAL.

THE DEBTOR IS LEASING THE COLLATERAL.



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
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