20220405000138060 04/05/2022 10:28:21 AM LICC1 1/3

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		UCC1 1/3			
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)					
CSC 801 Adlai Stevenson Drive Springfield, IL 62703 File	d In: Alabama (Shelby)	THE ABOVE SPACE	CF IS FO	R FILING OFFICE USE (ONI Y
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact,	full name; do not omit, modif				
	ide the Individual Debtor info				
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME SWAN	FIRST PERSONAL NAMANDA			ADDITIONAL NAME(S)/INITIAL(S) B	
1c. MAILING ADDRESS 157 HIDDEN CREEK CV	PELHAM		STATE	POSTAL CODE 35124-4876	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here are al	full name; do not omit, modifyide the Individual Debtor info				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME	ADDITIONAL NAME(\$)/INITIAL(\$)		SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI 3a. ORGANIZATION'S NAME Aqua Finance, Inc.	ECURED PARTY): Provide o	nly <u>one</u> Secured Party name	e (3a or 3b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS One Corporate Drive Suite 300	CITY Wausau		STATE	POSTAL CODE 54401	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: DEFENDER AND FC WHOLE HOUSE WATER SY	/STEM				
TAX AMOUNT OF \$10.65 TO BE PAID BASED OF	N TOTAL INDEBT	EDNESS AMOUN	NT OF	\$7,095.52.	

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 Representativ
6a. Check <u>only</u> if applicable and check <u>only</u> 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/Buy	er Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :AFIX404365309

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	LLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank				
	pecause Individual Debtor name did not fit, check here	THIC TO WAS ICIT BIATIK				
OR	9b. INDIVIDUAL'S SURNAME SWAN					
	FIRST PERSONAL NAME AMANDA					
	ADDITIONAL NAME(\$)/INITIAL(\$) B	SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 10a. ORGANIZATION'S NAME		in line 1b or 2b of the F	Financing S	Statement (Form UCC1) (us	e exact, full 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	only <u>one</u> na	ame (11a or 11b)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11c	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STAT		extracted (collateral 🖊 is filed as	a fixture filing
PELHAM, AL 35124-4876		16. Description of real estate: 157 HIDDEN CREEK CV PELHAM, AL 35124-4876 County SHELBY COUNTY Parcel Number 136134007004000				
		Legal Description Municipality, Tow CREEK TOWNHOOS Brief Description	nship: PELHA OMES Sec/Tw	M Sub n/Rng	division Name: H /Mer: SEC 13 TW	IDDEN /N 20S RNO
47	MISCELLANEOUS:					

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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 because Individual Debtor name did not fit, check here	f line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
SWAN					
FIRST PERSONAL NAME AMANDA					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
B				IS FOR FILING OFFICE	
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 n		n line 1b or 2b of the Fi	inancing S	Statement (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
OR 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
	AH N. N.	Filed and Records Official Public Re Judge of Probate, Clerk Shelby County, Al 04/05/2022 10:28: \$51.65 JOANN 202204050001380	ecords Shelby L :21 AM	County Alabama, County	y Uni 5. Bey
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE covers timber to be		extracted :	collateral 🔽 is filed as a	ı fixture filina
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	ORD OWNER of real estate described in item 16				
17. MISCELLANEOUS:					