

20230619000182630 06/19/2023 03:00:34 PM UCC1 1/3

| FOLLOW INSTRUCTIONS | :MEN I | | | | | | |
|---|-----------------------------------|---|----------------------------------|---------------------|---|------------------------|--|
| A. NAME & PHONE OF CONTACT AT CSC 1-800-858-5294 | FILER (optional) | | | | | | |
| B. E-MAIL CONTACT AT FILER (option | nal) | | | | | | |
| SPRFiling@cscglobal.co | m | | | | | | |
| C. SEND ACKNOWLEDGMENT TO: | (Name and Address) | | | | | | |
| 2579 60081 | | | | | | | |
| CSC 801 Adlai Stevenson Drive | | | | | | | |
| Springfield, IL 62703 | | Filed In: Alabama | | | | | |
| | | (Shelby) | TUE 4 DOM | - 00 t 05 t0 50 | D EU INO OFFICE II | 0E 0M W | |
| 1. DEBTOR'S NAME: Provide only one name will not fit in line 1b, leave all of iter | | exact, full name; do not omit, d provide the Individual Debt | modify, or abbreviate any | part of the Debtor | | he Individual Debtor's | |
| 1a. ORGANIZATION'S NAME | | | | | | | |
| OR 1b. INDIVIDUAL'S SURNAME GALLOWAY | 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME RICKEY | | ADDITIONAL NAME(S)/INITIAL(S) | | |
| 1c. MAILING ADDRESS 187 WEATH | IERLY WAY | CITY | | STATE | POSTAL CODE | COUNTRY | |
| | | PELHAM | | AL | 35124 | USA | |
| 2. DEBTOR'S NAME: Provide only one name will not fit in line 2b, leave all of iter | | exact, full name; do not omit, d provide the Individual Debt | | | | | |
| 2a. ORGANIZATION'S NAME | | a provido ano marriadar bob. | | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | |
| 2c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | |
| | | | | | | | |
| 3. SECURED PARTY'S NAME (or N. 3a. ORGANIZATION'S NAME Advan | | <u>-</u> | ovide only <u>one</u> Secured Pa | arty name (3a or 3b |) | | |
| OR | itago / illianioo i i o L | | | | | | |
| 3b. INDIVIDUAL'S SURNAME | | FIRST PERSON. | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | | |
| 3c. MAILING ADDRESS 1840 N. Gre | enville Ave. #128 | CITY | | STATE | POSTAL CODE | COUNTRY | |
| | | Richardso | n | TX | 75081 | USA | |
| 4. COLLATERAL: This financing stateme See Exhibit A | nt covers the following collaters | al: | | | | | |
| | 4400000 | | | | | | |
| The Indebtedness Amount is | s \$12,000.00 | | | | | | |
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| | | | | | | | |
| 5. Check <u>only</u> if applicable and check <u>only</u> or 6a. Check <u>only</u> if applicable and check <u>only</u> | | n a Trust (see UCC1Ad, iten | n 17 and Instructions) | | red by a Decedent's Per if applicable and check <u>c</u> | · | |
| | | | a Transmitting Utility | | Agricultural Lien Non-U | | |
| 7. ALTERNATIVE DESIGNATION (if applica | ble): Lessee/Lessor | Consignee/Consig | nor Seller/Buy | | | _icensee/Licensor | |
| 8. OPTIONAL FILER REFERENCE DA | TA: | | | | | 2579 60081 | |

UCC FINANCING STATEMENT ADDENDUM

| | INSTRUCTIONS | | | | | | | |
|-------------|---|-----------------------|--------------------------------|------------------------|-------------------------------|----------------------------------|--------------------|--|
| | OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; Individual Debtor name did not fit, check here | if line 1b was left b | lank | | | | | |
| | GANIZATION'S NAME | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OR 9b. IN | DIVIDUAL'S SURNAME | | | | | | | |
| | LOWAY | | | | | | | |
| RIC | RST PERSONAL NAME KEY | | | | | | | |
| | DITIONAL NAME(S)/INITIAL(S) | sı | JFFIX | | | | | |
| | | | | THE ABOVE | SPACE | S FOR FILING OFFICE | USE ONLY | |
| | OR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name omit, modify, or abbreviate any part of the Debtor's name) and enter the | | | line 1b or 2b of the I | Financing S | tatement (Form UCC1) (use | e exact, full name | |
| | RGANIZATION'S NAME | maining address in | 11110 100 | | | | | |
| | | | | | | | | |
| OR 10b. IN | IDIVIDUAL'S SURNAME | | | | | | | |
| IN | IDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | |
| | | | | | | | | |
| IN | IDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | | |
| 10c. MAILII | NG ADDRESS | CITY | | | ISTATE | POSTAL CODE | COUNTRY | |
| | | | | | | | | |
| 11. AE | DITIONAL SECURED PARTY'S NAME or ASSIGN | NOR SECURE | D PARTY | S NAME: Provide | only <u>one</u> na | me (11a or 11b) | | |
| 11a. O | RGANIZATION'S NAME | | | | | | | |
| OR 11b. IN | IDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | | | | | | | | |
| 11c. MAILI | NG ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY | |
| 42 ADDIT | | | | | | | | |
| 12. ADDII | IONAL SPACE FOR ITEM 4 (Collateral): | | | | | | | |
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| | is FINANCING STATEMENT is to be filed [for record] (or recorded) in the AL ESTATE RECORDS (if applicable) | | | | | | e e | |
| 15. Name a | nd address of a RECORD OWNER of real estate described in item 16 | 16. Description | timber to be of real estate | | -extracted c | collateral is filed as a | a fixture filing | |
| RICKE | or does not have a record interest): Y GALLOWAY | | • | | | OF LAND, SITUA | | |
| | EATHERLY WAY | | | · | | LBY, STATE OF | | |
| PELHA | AM AL 35124 | | | | | AS ALL OF LOT 1 BOOK: 13 DEED | • | |
| | | | | 20 0 000 014. | | JOOK. 10 DEED | · / (OL. 1 | |
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| 17. MISCE | LLANEOUS: | | | | | | | |
| | | | | | | | | |

EXHIBITA

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 04/14/2023, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A TRANE HEATING component, Model # S8B1B060M4PSCAA (Serial # 2251166JJG) a TRANE AIR CONDITIONER, Model # 4A6H4036N1000AA (Serial # 231648N11F), 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:

187 WEATHERLY WAY PELHAM, AL 35124

The Indebtedness Amount is \$12,000.00



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
06/19/2023 03:00:34 PM
\$59.00 BRITTANI
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