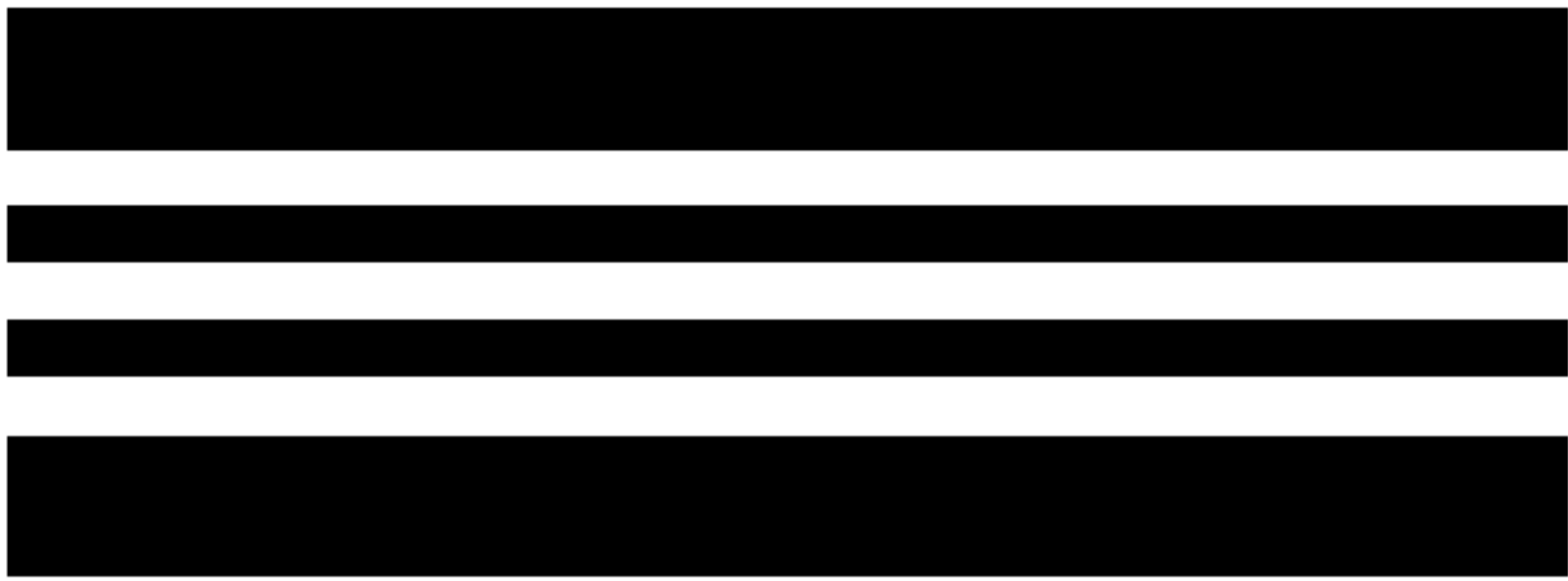




UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

|                                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>CSC 1-800-858-5294                                                                                                         |  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>SPRFiling@cscglobal.com                                                                                                             |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2661 93120<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Alabama<br/>(Shelby)</div> |  |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION                                                                                                                                  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                        |                                  |                                |                               |                      |                |
|----------------------------------------|----------------------------------|--------------------------------|-------------------------------|----------------------|----------------|
| OR                                     | 1a. ORGANIZATION'S NAME          |                                |                               |                      |                |
|                                        | 1b. INDIVIDUAL'S SURNAME<br>ODEN | FIRST PERSONAL NAME<br>BRANDEN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 1c. MAILING ADDRESS 4237 BEAR CREEK RD |                                  | CITY<br>STERRETT               | STATE<br>AL                   | POSTAL CODE<br>35147 | COUNTRY<br>USA |

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's 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)

|                     |                          |                     |                               |             |         |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                     | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 2c. MAILING ADDRESS |                          | CITY                | STATE                         | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                   |                                                    |                     |                               |                      |                |
|---------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------|----------------------|----------------|
| OR                                                | 3a. ORGANIZATION'S NAME Advantage Experts Services |                     |                               |                      |                |
|                                                   | 3b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 3c. MAILING ADDRESS 1840 N Greenville Ave STE 128 |                                                    | CITY<br>Richardson  | STATE<br>TX                   | POSTAL CODE<br>75081 | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral:  
See Exhibit A

The Indebtedness Amount is \$15000

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |  |                                                                                                                                                          |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |  | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |  |  |                                                                                                                                                          |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |  |  |                                                                                                                                                          |  |  |

2661 93120



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 <input type="checkbox"/> |                          |
| 9a. ORGANIZATION'S NAME                                                                                                                                                          |                          |
|                                                                                                                                                                                  |                          |
| OR                                                                                                                                                                               | 9b. INDIVIDUAL'S SURNAME |
|                                                                                                                                                                                  | ODEN                     |
|                                                                                                                                                                                  | FIRST PERSONAL NAME      |
| BRANDEN                                                                                                                                                                          |                          |
| ADDITIONAL NAME(S)/INITIAL(S)                                                                                                                                                    | SUFFIX                   |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                           |                                  |      |       |             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|-------|-------------|---------|
| 10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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                                                                                                                                                                                                                                                                                  |                                  |      |       |             |         |
| 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b) |                           |      |                     |                               |         |
| 11a. ORGANIZATION'S NAME                                                                                                                                                 |                           |      |                     |                               |         |
| OR                                                                                                                                                                       | 11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|                                                                                                                                                                          |                           |      |                     |                               |         |
| 11c. MAILING ADDRESS                                                                                                                                                     |                           | CITY | STATE               | POSTAL CODE                   | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)                                  | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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):<br>BRANDEN ODEN<br><br>4237 BEAR CREEK RD<br>STERRETT AL 35147 | 16. Description of real estate:<br>ALL THAT LOT, PIECE OR PARCEL OF LAND, SITUATE IN THE CITY OF STERRETT, COUNTY OF SHELBY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS COM NW COR SE1/4 NE1/4 S700 TO NW ROW CO HWY 43 NELY ALG ROW335 TO POB NWLY150 NE130 SE150 TO N ROW SD ROW SWLY130 TO POB<br><br>Parcel# 09 1 11 0 000 006.002 |

17. MISCELLANEOUS:



**EXHIBIT A**

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 8/30/2023, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A GOODMAN packaged unit, Model # GPHM53641 (Serial # 2212121215), 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:

4237 BEAR CREEK RD, STERRETT, AL 35147

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**  
**10/05/2023 09:19:28 AM**  
**\$63.50 JOANN**  
**20231005000297620**

*Allen S. Bayl*