20240104000003040 01/04/2024 09:42:16 AM UCC1 1/3



UCC FINANCING STATEMENT									
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)									
B. E-MAIL CONTACT AT FILER (optional)									
C. SEND ACKNOWLEDGMENT TO: (Name and Address)									
MCPHAIL SANCHEZ, LLC PO BOX 870 MOBILE, AL 36602-3226									
		E ABOVE SPACE I	S FOR FILING OFFICE U	ISE ONLY					
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact									
name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provid									
1a. ORGANIZATION'S NAME									
OR 1b. INDIVIDUAL'S SURNAME BRAZIL	FIRST PERSONAL NAME RICHARD	ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX					
1c. MAILING ADDRESS 4901 MONONA CIR	CITY BIRMINGHAM	STATE	POSTAL CODE 35244	COUNTRY USA					
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) 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 STATE OF	SECURED PARTY): Provide only <u>one</u> Secured	d Party name (3a or 3	b)						
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX							
3c. MAILING ADDRESS 1200 6 TH AVE N	CITY BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTRY					
4. COLLATERAL: This financing statement covers the following collateral:									
HVAC Replacement, Heat Pump, ,4TWR4036G1000A,210550	TC4F,Trane								
5. Check only if applicable and check only one box: Collateral is held in a True	ust (see UCC1Ad, item 17 and Instructions)	being administer	red by a Decedent's Person	al Representative					
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:								
Public-Finance Transaction Manufactured-Home Transaction	Agricultural Lien Non-UCC Filing								
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	r 🔲 Bailee/Bai	lor Licensee/Licen	isor					
8. OPTIONAL FILER REFERENCE DATA: \$7344.00	SHELBY County								

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

UC	C FINANCING STATEMENT ADDE	NDUM						
	OW INSTRUCTIONS							
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Finar cause Individual Debtor name did not fit, check here	ncing Statement; if li	ine 1b was left bla	nk				
	9a. ORGANIZATION'S NAME							
					4			
	9b. INDIVIDUAL'S SURNAME	9b INDIVIDUAL'S SURNAME						
OR	BRAZIL							
	FIRST PERSONAL NAME							
	RICHARD							
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		l .	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
10. DI	l EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional	Debtor name or De	ebtor name that dic	not fit in line 1b o				
do	not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME							,,
10	Db. INDIVIDUAL'S SURNAME							
OR	INDIVIDUAL'S FIRST PERSONAL NAME							
L	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
10c. MA	ILING ADDRESS	CITY	,			STATE	POSTAL CODE 35244	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR	SECURED PA	ARTY'S NAME	: Provide d	nly <u>one</u> nam	e (11a or 11b)	
11	a. ORGANIZATION'S NA M E							
OR 11	b. INDIVIDUAL'S SURNAME	FIRS	T PERSONAL NAMI		ADDITIONA	SUFFIX		
11c. M A	ILING ADDRESS	CITY	,			STATE	POSTAL CODE	COUNTRY
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):							
13. 🛛	This FINANCING STATEMENT is to be filed [for record] (or r	ecorded) in the	14. This FINAN	ICING STATEMEN	IT:			
	REAL ESTATE RECORDS (if applicable)			s timber to be cut		covers as-ex	xtracted 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):			16. Description of real estate: SOURCE OF TITLE: BOOK 216 PAGE 73 LEGAL DESCRIPTION: SEE ATTACHED					
17 MI	SCELLANEOUS:							
1 7 . IVII	SOLLLAINLOUS.							

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial.

(Name)

day of ___

WITNESS:

FORM NO LTOOZ

My Commission Expires:

(SEAL)

Notary Public.