20240130000022600 01/30/2024 09:18:34 AM UCC1 1/4

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2737 36539 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	In: Alabama				
	(Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full n not fit in line 1b, leave all of item 1 blank, check here		dify, or abbreviate any part of the name of the Final of			Debtor's name will
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
WACKER	KELLY		1.55		
1c. MAILING ADDRESS 815 VINE ST	CITY		STATE	POSTAL CODE	COUNTRY
	MONTEVA	LLO	AL	35115	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name fit in line 2b, leave all of item 2 blank, check here		lify, or abbreviate any part of the name of the Finance of the Fin			Debtor's name will
2a. ORGANIZATION'S NAME					
OR OR INDIVIDUAL'S SUBMANE	TEIDET DEDOONA	I NIANAT	LADDITIO	NAL NIAME/CV/INITIAL/CV	Teurriy
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LINAIVIE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	DED DADTVA Duovida	b	- (2 2h)		
3a. ORGANIZATION'S NAME Advantage Experts Services	KED PAKTT). PIOVIO	only <u>one</u> Secured Party Hame	e (Sa Oi SD)		
OR OL BURNING OURNAME	TELEOT BEDOOM		ADDITIO	NATION (INTERACTOR)	louisen/
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1840 N Greenville Ave STE 128	CITY		STATE	POSTAL CODE	COUNTRY
	Richardsor	1	TX	75081	USA
4. COLLATERAL: This financing statement covers the following collateral:					
See Exhibit A					
The Indebtedness Amount is \$20,000.00					
The machicaness Amount is \$20,000.00					
5. Check only if applicable and check only one boy: Collatoral is Deald in a Trust	t /ooo LICC1 Ad itom 1	7 and Instructions) Db	oina administor	ad by a Docadont's Personal	Donrocontativo
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust 6a. Check <u>only</u> if applicable and check <u>only</u> one box:	i (See OCCTAG, Item 1		_	ed by a Decedent's Personal applicable and check only on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	_	ural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign		Ba		see/Licensor
8. OPTIONAL FILER REFERENCE DATA:					2737 36539

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
WACKER				
FIRST PERSONAL NAME  KELLY				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			IS FOR FILING OFFICE	
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 ma		the Financing Staten	nent (Form UCC1) (use exact	t, full name;
10a. ORGANIZATION'S NAME				
R 10b. INDIVIDUAL'S SURNAME				
TOD. INDIVIDUAL O GOITIVAIVIL				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	NOD OF OUR DED DARTING NAME			
<ol> <li>ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSIG 11a. ORGANIZATION'S NAME</li> </ol>	NOR SECURED PARTY'S NAME:	Provide only <u>one</u> nan	ne (11a or 11b)	
R				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:			
REAL ESTATE RECORDS (if applicable)		covers as-extracted o	ollateral 🗹 is filed as a	fixture filing
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16  (if Debtor does not have a record interest):	covers timber to be cut			
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16  (if Debtor does not have a record interest):  KELLY WACKER	covers timber to be cut  16. Description of real estate:  THAT CERTAIN LOT IN IS LOCATED IMMEDIAT	THE TOWN	OF MONTEVALL EASTERNMOST	O WHICH
5. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut  16. Description of real estate:  THAT CERTAIN LOT IN IS LOCATED IMMEDIAT OF BLOCK NUMBER 10	THE TOWN ELY IN THE ACCORDIN	OF MONTEVALL EASTERNMOST G TO THE ORIGI	O WHICH CORNER
REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  KELLY WACKER  815 VINE ST	Covers timber to be cut  16. Description of real estate:  THAT CERTAIN LOT IN IS LOCATED IMMEDIAT OF BLOCK NUMBER 10 OF SAID TOWN AS REC	THE TOWN ELY IN THE ACCORDIN	OF MONTEVALL EASTERNMOST G TO THE ORIGINATE OFFICE OF	O WHICH CORNER INAL PLA THE
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REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  KELLY WACKER  3.15 VINE ST	16. Description of real estate: THAT CERTAIN LOT IN IS LOCATED IMMEDIAT OF BLOCK NUMBER 10 OF SAID TOWN AS RECEPTOR PROBATE JUDGE OF SHEREBY DESCRIBED FAND RUNNING BACK B	THE TOWN ELY IN THE ACCORDING ORDED IN AID SHELBY RONTING 8 ETWEEN PA	OF MONTEVALL EASTERNMOST G TO THE ORIGINATE OFFICE OF COUNTY, SAID NET ON VINE RALLEL LINES A ULAR TO VINE S	O WHICH CORNER INAL PLA THE LOT STREET ALONG TREET T

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
WACKER					
FIRST PERSONAL NAME  KELLY					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	IS FOR FILING OFFICE I	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or I do not omit, modify, or abbreviate any part of the Debtor's name) and enter the main		1b or 2b of the Financir	ng Statem	ent (Form UCC1) (use exact,	full name;
10a. ORGANIZATION'S NAME	ining address in fine 100				
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY'S	NAME: Provide only	y <u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
ADDITIONAL SPACE FOR ITEM 4 (Callatoral).					
ADDITIONAL SPACE FOR ITEM 4 (Collatelal):					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be cu		xtracted c	ollateral 🔽 is filed as a	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cu	ut covers as-ex			
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## **EXHIBIT A**

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 11/22/2023, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A LENNOX heating component, Model #SL280UH090V60C-09 (Serial #5923L06947) and a LENNOX heat pump, Model #EL18XPV060230A02 (Serial #5823K10928), 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:

**815 VINE ST** 

MONTEVALLO, AL 35115

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
01/30/2024 09:18:34 AM
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