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2816 30813

ALABASTER  AL 35114  US/ 2. DEBTOR'S NAME: Provide only one belot 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, i	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
SPREIIIng@cscglobal.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [2816 30813 [3816						
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and provide the Individual Debtor information in time 10 of the Financing Statement Antiferocum (Form UCC1Ac)    Ta. ORGANIZATION'S NAME						
To, INDIVIDUAL'S SURNAME FRANCOLA  To, MAILING ADDRESS 359 LANE PARK TR  CITY ALABASTER ALABASTE						l Debtor's name wil
To, INDIVIDUAL'S SURNAME   ADDITIONAL NAME   SUFFI   FRANCOLA   NICHOLAUS   J   To, MALING ADDRESS   359 LANE PARK TR   CITY   ALABASTER	1a. ORGANIZATION'S NAME					
This The ROOLA   NICHOLAUS   J	OR					
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ALABASTER  AL 35114 US  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 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 UCC) Addition 10 in the 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in the 10 in and 10 in the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in the 10 in and 10 in a Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in an Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in an Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in an Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Addition 10 in an Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Add Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC) Ad					POSTAL CODE	COUNTRY
Total trial 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  FRANCOLATER  2c, MAILING ADDRESS 359 LANE PARK TR  ALABASTER  3b, LaNE PARK TR  ALABASTER  3c, ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNEE of ASSIGNEE PARTY): Provide only one Secured Party name (3a or 3b)  3a, ORGANIZATION'S NAME Foundation Finance Company LLC  OR  3b, INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)(INITIAL(S)  SUFFI  COLLATERAL: Tips financing statement covers the following collateral: WINDOWS AND DOORS INSTALLED ONTO PROPERTY NICHOLAUS J FRANCOLA  359 LANE PARK TR ALABASTER AL 35114  TOTAL VALUE OF COLLATERAL \$36,056.00  5. Check and V applicable and check adu one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representation of the personal Representation of th			R	AL	35114	USA
2c. INDIVIDUAL SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME (SYINITIAL S)   SUFFI	not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME Foundation Finance Company LLC  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFI  3c. MAILING ADDRESS 10101 Market Street Suite B100  CITY Rothschild  TOTAL This financing statement covere the following collateral: WINDOWS AND DOORS INSTALLED ONTO PROPERTY NICHOLAUS J FRANCOLA KRISTEN FRANCOLA KRISTEN FRANCOLA KRISTEN FRANCOLA S59 LANE PARK TR ALABASTER AL 35114  TOTAL VALUE OF COLLATERAL \$36,056.00  5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representation of the control of the con	2b. INDIVIDUAL'S SURNAME				ADDITIONAL NAME(S)/INITIAL(S)	
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3c. MAILING ADDRESS 10101 Market Street Suite B100 CITY Rothschild STATE WI 54474 COUNTY STATE WINDOWS AND DOORS INSTALLED ONTO PROPERTY NICHOLAUS J FRANCOLA KRISTEN FRANCOLA 359 LANE PARK TR ALABASTER AL 35114 TOTAL VALUE OF COLLATERAL \$36,056.00  5. Check golv if applicable and check golv one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representation.		<u> </u>	only <u>one</u> Secured Party name	(3a or 3b)	•	
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6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:	6a. Check only if applicable and check only one box:	· 	6b.	Check only	if applicable and check <u>only</u> or	ne 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/Buyer Bailee/Bailor Licensee/Licen		_		<u>—</u> —		

8. OPTIONAL FILER REFERENCE DATA: 70212516 60716232

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

). N	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left bl	lank
eca	ause Individual Debtor name did not fit, check here	
	9a. ORGANIZATION'S NAME	
DR	9b. INDIVIDUAL'S SURNAME	
	FRANCOLA	
	FIRST PERSONAL NAME	
	NICHOLAUS	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 04/26/2024 08:20:19 AM **\$93.15 BRITTANI** 20240426000121370

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FI							
PRIST PRISONAL NAME (S) INTITUDE.	9b. INDIVIDUAL'S SURNAME						
DEPTOR'S NAME   Provide (file or 10th) only one additional Debtor name or Deator name that did not file in Inc. to or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th, mustly, or additional period or not or file or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1b or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1th or 1th or 1th or 1th or 1th or 2b of the Financing Statement (Form .VCO1) (see reads, full note that or 1th or 1							
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INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S) INTITIAL(S)   SUFFIX	10a. ORGANIZATION'S NAME						
10. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11. □ ADDITIONAL SECURED PARTY'S NAME  OR  11. □ ADDITIONAL SECURED PARTY'S NAME  PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  13. □ This FINANCING STATEMENT:  REAL ESTATE RECORDS (Fapplicable)  15. Name and address of a RECORD OWNERS of real estate cestribed in liem 16  NICHOLAUS J FRANCOLA  KRISTEN FRANCOLA  KRISTEN FRANCOLA  ALABASTER NEMP 221/133 LOT/BLOCK:521 County SHELBY,  APN: 23-5-16-0-001-019-075 Census Tract/ Block:306.10/3  Township-Range-Sect: 21-3W-16 Subdivision:GRANDE VIEW  ESTATES GIVIA NPOUR ADD TO ALABASTER  Legal Book/Page:21-133 Legal Lot:521 Neighbor Code:CQ5  Munic/Township:ALABASTER	OR 10b. INDIVIDUAL'S SURNAME						
10c. MAILING ADDITIONAL SECURED PARTY'S NAME   11d.   ADDITIONAL SECURED PARTY'S NAME   ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)    11d. ORGANIZATION'S NAME   FIRST PERSONAL NAME   ADDITIONAL NAME(SYINITIALIS)   SUFFIX    11d. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY    12d. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	INDIVIDUAL'S FIRST PERSONAL NAME						
11 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only grap name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collisteral):  13.	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
116. MAILING ADDRESS  117. MAILING ADDRESS  118. INDIVIDUAL'S SURNAME  119. MAILING ADDRESS  110. MAILING ADDRESS  110. MAILING ADDRESS  110. MAILING ADDRESS  1110. MAILING STATEMENT is to be filled [for record] (or recorded) in the Real ESTATE RECORDS (if applicable)  110. Name and address of a RECORD OWNER of real estate described in item 16 (if Deletor does not have a record interest). SUB-GRANDE VIEW ESTATES GIVIA NPOUR ADDN TO ALABASTER AL 35114  110. MAILING ADDRESS  1110. MAILING STATEMENT:  □ covers timber to be cut □ covers se-extracted collateral □ is filed as a fixture filing over sub-extracted collateral □ is filed as a fi	10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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	17. MISCELLANEOUS:						