20240603000163430 06/03/2024 09:54:08 AM UCC1 1/2

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)					
2845 07698					
CSC	•				
801 Adlai Stevenson Drive Springfield, IL 62703	In: Alabama				
	(Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION	THE ABO	/E SPACE IS F	OR FILING OFFICE	USE ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here	ame; do not omit, modify, the Individual Debtor info				
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	Λ N/I⊏		DNAL NAME(S)/INITIAL(S) SUFFIX
Harris	Dominique	AIVIL.	Step	` '	30111
1c. MAILING ADDRESS 531 Canyon Park Dr	CITY		STATE	POSTAL CODE	COUNTRY
	Pelham		AL	35124	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	ame; do not omit, modify,	or abbreviate any part	of the Debtor's na	ıme); if any part of the Ind	ividual Debtor's name will
not fit in line 2b, leave all of item 2 blank, check here	the Individual Debtor info	rmation in item 10 of the	e Financing Stateme	ent Addendum (Form UCC	1 Ad}
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	ΔMF	ADDITIO	DNAL NAME(S)/INITIAL(S) SUFFIX
ZD. IIADIVIDOALO GORIAANIL	I II COTT ENGOTALIS	/~(IVIL	7.55111		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide or	nly <u>one</u> Secured Party	name (3a or 3b)		
3a. ORGANIZATION'S NAME Cross River Bank and its succe	essors and ass	gns c/o Marle	tte Servicir	ng, LLC	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	Δ N // Ε		DNAL NAME(S)/INITIAL(S) SUFFIX
OB. INDIVIDUAL O CONTRAINE	I II COTT LICOUTALIN	AIVIL	ABBITIC		001117
3c. MAILING ADDRESS 3419 Silverside Road	CITY		STATE	POSTAL CODE	COUNTRY
	Wilmington		DE	19810	USA
4. CQLLATERAL: This financing statement covers the following collateral:		4.5			
4. COLLATERAL: This financing statement covers the following collateral: All fixtures now or hereafter securely and/or perman					ng personal
effects and household goods or appliances that are Fixture Definition: An object physically and permane			• •		s itams that
have the following method of attachment; bolted, sci	•		· · ·		
any other part of the home.	orroa, nanoa, g	naca, or come	orito d	ano mano, noon	y, comingo or
Proposed Fixtures include but not limited to:					
Built-in cabinets and shelving					
Bathroom vanities					
Light fixtures					
Indebtedness: \$35,000.00					
Indebtedness. 455,000.00					
	t (see UCC1Ad, item 17 a	nd Instructions)	_	ered by a Decedent's Per	•
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	☐ A Debtor is a Tr	ansmitting Utility		if applicable and check of the litural Lien	only one box: n-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buy		ailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	Sonoignoo/ Consignor	L Jeliei/Du	, ·. L		
					2845 0769

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

ecause Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME					
PR					
Harris					
Dominique					
ADDITIONAL NAME(S)/INITIAL(S) Stephon	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFI	CE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma 10a. ORGANIZATION'S NAME		or 2b of the Financ	ing Statem	ent (Form UCC1) (use e	xact, full name;
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY'S I	NAME: Provide onl	ly <u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME					
11a. ORGANIZATION'S NAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		Filed and Rec Official Public Judge of Prob Clerk Shelby Count 06/03/2024 09 \$91.50 PAYGE 202406030001	STATE orded c Records oate, Shelb y, AL 2:54:08 AN	POSTAL CODE y County Alabama, Co	unty
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	Official Public Judge of Prob Clerk Shelby Count 06/03/2024 09 \$91.50 PAYG 202406030001	STATE orded c Records ate, Shelb y, AL :54:08 AN E 163430	POSTAL CODE y County Alabama, Co	unty
111a. ORGANIZATION'S NAME 111b. INDIVIDUAL'S SURNAME 2. MAILING ADDRESS 3. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 4. In this financing statement is to be filed [for record] (or recorded) in the 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): 6. Oominique Stephon Harris	CITY 14. This FINANCING STATEME	Official Public Judge of Prob Clerk Shelby Count 06/03/2024 09 \$91.50 PAYGE 202406030001	STATE orded c Records ate, Shelb y, AL :54:08 AN E 163430	POSTAL CODE y County Alabama, Co	unty COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEME covers timber to be cut 16. Description of real estate:	Official Public Judge of Prob Clerk Shelby Count 06/03/2024 09 \$91.50 PAYGE 202406030001	STATE orded c Records ate, Shelb y, AL :54:08 AN E 163430	POSTAL CODE y County Alabama, Co	unty COUNTRY