

22200528202422
46474680-55

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Rebecca Wheeler	(816) 207-2125 102475649
B. EMAIL CONTACT AT FILER (optional)	
rebecca.wheeler@alorica.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
MEDALLION BANK 4315 PICKETT RD. ST. JOSEPH, MO 64503	
FILED IN: SHELBY,AL	



20240624000188310 1/2 \$139.95
Shelby Cnty Judge of Probate, AL
06/24/2024 01:07:14 PM FILED/CERT

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)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
JACKSON		DONNA		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
16003 Highway 55		Sterrett	AL	35147 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)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
JACKSON		JIMMY		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
16003 Highway 55		Sterrett	AL	35147 USA

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

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MEDALLION BANK				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
4315 PICKETT RD.		ST. JOSEPH	MO	64503 USA

4. **COLLATERAL:** This financing statement covers the following collateral:

roofing - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN STERRETT, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: COM NE COR SEC 25 W ALG SEC LN 1304.31 S 115.10 TO POB S 556 SW 600.43 SE 69.53 S 60.58 SW 121.31 SWLY 57.83 S 60.52 E 399.62 NE 1451.49 W 511 TO POB PROPERTY ADDRESS: 16003 HIGHWAY 55, STERRETT, AL 35174 PARCEL ID#: 04-7-25-0-000-001-008

TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$67232.49

5. Check only if applicable and check only one box : Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box :

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. **ALTERNATIVE DESIGNATION** (if applicable):

☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. **OPTIONAL FILER REFERENCE DATA:**

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 ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

JACKSON

FIRST PERSONAL NAME

DONNA

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one 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

USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one 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. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Owners: DONNA JACKSON , JIMMY JACKSON

14. This FINANCING STATEMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN STERRETT, COUNTY OF SHELBY, STATE OF ALABAMA TO WIT: COM NE COR SEC 25 W ALG SEC LN 1304.31 S 115.10 TO POB S 556 SW 600.43 SE 69.53 S 60.58 SW 121.31 SWLY 57.83 S 60.52 E 399.62 NE 1451.49 W 511 TO POB PROPERTY ADDRESS: 16003 HIGHWAY 55, STERRETT, AL 35174 PARCEL ID#: 04-7-25-0-000-001-008

17. MISCELLANEOUS: