20241001000306470 10/01/2024 11:00:05 AM UCC1 1/3

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)				
2933 77244 CSC				
801 Adlai Stevenson Drive				
Springfield, IL 62703	ed In: Alabama (Shelby)			
SEE BELOW FOR SECURED PARTY CONTACT INFORM	AATION TH	IE ABOVE SPACE IS F	OR FILING OFFICE US	SE 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	II name; do not omit, modify, or abbreviate ide the Individual Debtor information in iter			
1a. ORGANIZATION'S NAME				
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
HARWELL	MICAH			
c. MAILING ADDRESS 2453 VALE DR	BIRMINGHAM	STATE	90STAL CODE 35244	COUNTRY
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, ful				
not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	ride the Individual Debtor information in iter	m 10 of the Financing Statem	ent Addendum (Form UCCTA	a <i>}</i>
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ADDITIONAL NAME(S)/INITIAL(S)	
	CITY	STATE	POSTAL CODE	COUNTRY
	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only <u>one</u> Secur		POSTAL CODE	COUNTRY
c. MAILING ADDRESS	CURED PARTY): Provide only <u>one</u> Secur		POSTAL CODE	COUNTRY
Sc. MAILING ADDRESS B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only <u>one</u> Secur	red Party name (3a or 3b)	POSTAL CODE ONAL NAME(S)/INITIAL(S)	
c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME Advantage Experts Services 3a. ORGANIZATION'S NAME Advantage Experts Services 3b. INDIVIDUAL'S SURNAME	CURED PARTY): Provide only <u>one</u> Secur	red Party name (3a or 3b) ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
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c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED SECURIOR SE	CURED PARTY): Provide only <u>one</u> Secur	ADDIT	ONAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX COUNTRY USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECTION	FIRST PERSONAL NAME CITY Richardson ust (see UCC1Ad, item 17 and Instruction	and Party name (3a or 3b) ADDIT STATE TX being adminis 6b. Check only	POSTAL CODE 75081 tered by a Decedent's Person if applicable and check on	SUFFIX COUNTRY USA onal Representative y one box:
S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME Advantage Experts Services 3b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 1840 N Greenville Ave STE 128 3. COLLATERAL: This financing statement covers the following collateral: See Exhibit A The Indebtedness Amount is \$23,000.00	FIRST PERSONAL NAME CITY Richardson ust (see UCC1Ad, item 17 and Instruction A Debtor is a Transmitting Uti	ns) being adminis 6b. Check only ility Agric	tered by a Decedent's Personal Interest of applicable and check on ultural Lien Non-Lieuwan Non-Lieuwa	SUFFIX COUNTRY USA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
Sa. OrtoArtiZation o realiza				
9b. INDIVIDUAL'S SURNAME				
HARWELL				
FIRST PERSONAL NAME MICAH				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
	THI	E ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or		the Financing Statem	ent (Form UCC1) (use exact	t, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	ailing address in line 10c			
TOB. ORGANIZATION S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
			_	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGITIAL ORGANIZATION'S NAME	NOR SECURED PARTY'S NAME:	Provide only <u>one</u> nam	e (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDDESS	CITY	OTATE	POSTAL CODE	COLINTOV
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
	14. This FINANCING STATEMENT:			
		covers as-extracted co	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 (if Debtor does not have a record interest):	covers timber to be cut 16. Description of real estate:			
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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 (if Debtor does not have a record interest): IICAH HARWELL 453 VALE DR	covers timber to be cut 16. Description of real estate: THE FOLLOWING DESCRIPTION OF THE STATE COUNTY, IN THE STATE	CRIBED REA E OF ALABA	L ESTATE IN SH MA, TO WIT: LO	ELBY T 10,
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EXHIBIT A

The following described property as set forth in that certain HVAC RENTAL AGREEMENT dated 8/15/2024, by and between Service Experts Heating & Air Conditioning LLC and the Debtor: A RUUD heating component, Model #U802VA100521MSA (Serial #W122260840) and a RUUD air conditioner, Model #UP18AZ48AJVCA (Serial #W172412799), 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:

2453 VALE DR

BIRMINGHAM, AL 35244

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
10/01/2024 11:00:05 AM
\$75.50 JOANN

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