20250507000138150 05/07/2025 02:08:49 PM UCC1 1/2



UCC FINANCING STATEMENT							
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)							
B. E-MAIL CONTACT AT FILER (optional)							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
MCPHAIL SANCHEZ, LLC							
PO BOX 870 MOBILE, AL 36602-3226							
INICODILL, AL 30002-3220							
	THE	E ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY			
1. <b>DEBTOR'S NAME</b> : Provide only <u>one</u> Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here  and provide							
1a. ORGANIZATION'S NAME	e the individual Debtor information in item 10 (	or the Financing S	statement Addendum (Form OC	JC (Au)			
OR							
1b. INDIVIDUAL'S SURNAME  SLEDGE	FIRST PERSONAL NAME  HANNAH	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX			
1c. MAILING ADDRESS  1910 AMBERLEY WOODS TRL	CITY HELENA	STATE <b>AL</b>	POSTAL CODE  35080	COUNTRY USA			
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide only <u>one</u> Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here							
2a. ORGANIZATION'S NAME	e the individual Debtor information in item 10	of the Financing (	Statement Addendum (Form O	CC (Ad)			
OR				_			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	ECURED PARTY): Provide only <u>one</u> Secured	Party name (3a	or 3b)				
3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY							
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S) SUFFI				
3c. MAILING ADDRESS  1200 6 <sup>TH</sup> AVE N	BIRMINGHAM	STATE	35203	COUNTRY			
4. COLLATERAL: This financing statement covers the following collateral:							
HVAC Replacement, Heat Pump, Replaced evap coil in upstairs charge. 20° split., 0270A007945, 2502243045, Goodman	system heat pump. Was void of re	efrigerant. Pr	essure tested, pulled va	ac, weighed in factory			
\$2000.00							
5. Check only if applicable and check only one box: Collateral is held in a True	st (see UCC1Ad, item 17 and Instructions)	being admini	istered by a Decedent's Persor	nal Representative			
6a. Check only if applicable and check only one box:				6b. Check <u>only</u> if applicable and check <u>only</u> one box:			
	A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing					
	Consignee/Consignor Seller/Buyer	Bailee/	Bailor Licensee/Lice	nsor			
8. OPTIONAL FILER REFERENCE DATA: \$2000.00	Shelby County						
	1117777	1 40000014					

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

	C FINANCING STATEMENT ADDENIOW INSTRUCTIONS	DUM						
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	g Statement: if li	ne 1b was left bla	ank	1			
	cause Individual Debtor name did not fit, check here	g Otatomont, ii ii	no ib was left bit	итт				
	9a. ORGANIZATION'S NAME							
	9b. INDIVIDUAL'S SURNAME				-			
OR	SLEDGE							
	FIRST PERSONAL NAME				1			
	HANNAH							
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	1			
					Т	HE ABOVE	SPACE IS FOR FILING	OFFICE USE ONLY
	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Del				r 2b of the F	inancing Sta	atement (Form UCC1) (us	e exact, full name;
	not omit, modify, or abbreviate any part of the Debtor's name) and a. ORGANIZATION'S NAME	enter the mailin	ig address in line	10c				
10	b. INDIVIDUAL'S SURNAME							
OR -								
	INDIVIDUAL'S FIRST PERSONAL NAME							
<u> </u>	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							Leurry
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
10c. MA	ILING ADDRESS	CITY				STATE	POSTAL CODE	COUNTRY
							35080	
11.	ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR	SECURED P	ARTY'S NAME	: Provide o	nly one name	e (11a or 11b)	
11	a. ORGANIZATION'S NAME					<del></del>		
OR _								
	b. INDIVIDUAL'S SURNA <b>M</b> E	FIRST	FPERSONAL NAM	ΛE		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
110 MA	11c. MAILING ADDRESS CITY		•			STATE	COUNTRY	
TTO. IVIA	ILING ADDICESS	CITY				JOIAIL	POSTAL CODE	COONTRI
12. AD	DITIONAL SPACE FOR ITEM 4 (Collateral):					l		
13. X	This FINANCING STATEMENT is to be filed [for record] (or record	rded) in the	14. This FINA	NCING STATEMEN	IT:			
	REAL ESTATE RECORDS (if applicable)		cove	rs timber to be cut		covers as-ex	tracted collateral	is filed as a fixture filing
	me and address of a RECORD OWNER of real estate described in Debtor does not have a record interest):	n item 16	· ·	n of real estate:	2040000	0420060	Logal Description	Lattiga Baakiai
(**							Legal Description: TOR. Owner: Doug	
			Hannah Sle					
17. MI	SCELLANEOUS:							

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/07/2025 02:08:49 PM
\$42.00 PAYGE

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Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial.