



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)                            |
| <div>MCPHAIL SANCHEZ, LLC<br/>PO BOX 870<br/>MOBILE, AL 36602-3226</div> |

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)

|                                        |                                    |                                |                               |                      |
|----------------------------------------|------------------------------------|--------------------------------|-------------------------------|----------------------|
| OR                                     | 1a. ORGANIZATION'S NAME            |                                |                               |                      |
|                                        | 1b. INDIVIDUAL'S SURNAME<br>THOMAS | FIRST PERSONAL NAME<br>MELANIE | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c. MAILING ADDRESS<br>209 SWEETBAY DR |                                    | CITY<br>MAYLENE                | STATE<br>AL                   | POSTAL CODE<br>35114 |
|                                        |                                    |                                | COUNTRY<br>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)

|                     |                          |                     |                               |             |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |
|                     | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | 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 SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                   |                                                  |                     |                               |                      |
|---------------------------------------------------|--------------------------------------------------|---------------------|-------------------------------|----------------------|
| OR                                                | 3a. ORGANIZATION'S NAME<br>ALABAMA POWER COMPANY |                     |                               |                      |
|                                                   | 3b. INDIVIDUAL'S SURNAME                         | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br>1200 6 <sup>TH</sup> AVE N |                                                  | CITY<br>BIRMINGHAM  | STATE<br>AL                   | POSTAL CODE<br>35203 |
|                                                   |                                                  |                     | COUNTRY                       |                      |

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

HVAC Gas,A/C with Gas Furnace,Furnace Model S801T1005A21UHSNASS/N W222325560Coil M/N TCFY4821STANMCS/N W142532429Thermostat and Pad,SA14AY48AJ1NA,W492408174,Sure

\$12500.00

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 <u>only</u> if applicable and check <u>only</u> one box:                                                                                                     | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:                 |
| <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:  
\$12500.00 Shelby County



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 ☐

|    |                                    |        |
|----|------------------------------------|--------|
| OR | 9a. ORGANIZATION'S NAME            |        |
|    |                                    |        |
|    | 9b. INDIVIDUAL'S SURNAME<br>THOMAS |        |
|    | FIRST PERSONAL NAME<br>MELANIE     |        |
|    | ADDITIONAL NAME(S)/INITIAL(S)      | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

|                      |                                            |      |       |                      |         |
|----------------------|--------------------------------------------|------|-------|----------------------|---------|
| OR                   | 10a. ORGANIZATION'S NAME                   |      |       |                      |         |
|                      | 10b. INDIVIDUAL'S SURNAME                  |      |       |                      |         |
|                      | INDIVIDUAL'S FIRST PERSONAL NAME           |      |       |                      |         |
|                      | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |      |       | SUFFIX               |         |
| 10c. MAILING ADDRESS |                                            | CITY | STATE | POSTAL CODE<br>35114 | COUNTRY |

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                      |                           |                     |                               |             |         |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR                   | 11a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                      | 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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing      |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):                               | 16. Description of real estate:<br>Source of Title: Inst# 20210621000302030. Legal Description: Lot#:161 Lot:B Book:25 Pg:136 Sub:LAKE FOREST FIRST SECTOR RESURVEY OF LOTS 160 AND 161. Owner: Melanie Thomas. |

17. MISCELLANEOUS:

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.



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
07/24/2025 08:10:10 AM  
\$57.75 PAYGE  
20250724000224180

Allen S. Bayl