20250731000233990 07/31/2025 03:38:53 PM UCC1 1/2



UCC FINANCING STATEMENT

FO	LLOWINSTRUCTIONS										
Α.	NAME & PHONE OF CONTACT AT FILER (optional)										
В.	E-MAIL CONTACT AT FILER (optional)										
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)										
	I MCPHAIL SANCHEZ, LLC										
	PO BOX 870										
	MOBILE, AL 36602-3226										
			THE ADOME ODAOE								
				IS FOR FILING OFFICE U							
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	vide the individual Debtor information in iter	ii to of the Financing Star	ement Addendam (Form OC	-C (Au)						
	Id. OROANIZATION O NAIME										
OR	1b. INDIVIDUAL'S SURNA M E	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX						
	JOHNSON	HANNAH									
1c. W	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY						
	FRANCES LN	HELENA	AL	35080	USA						
2	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac	ct_full_name: do not omit_modify_or abbrev	iate any part of the Debto	r's name): if any part of the I	ndividual Debtor's						
	name will not fit in line 2b, leave all of item 2 blank, check here and pro										
	2a. ORGANIZATION'S NAME										
0 D											
OR	2b. INDIVIDUAL'S SURNA M E	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX						
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY						
3. 3	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOF	R SECURED PARTY): Provide only <u>one</u> Se	cured Party name (3a or	3b)							
	3a. ORGANIZATION'S NAME										
OR	ALABAMA POWER COMPANY										
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX						
20 M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY						
	0 6 th AVE N	BIRMINGHAM	AL	35203	COUNTRY						
4. (COLLATERAL: This financing statement covers the following collateral:										
HV	AC Gas,A/C with Gas Furnace,3ton a/c,GLXS4BA3610,2	507069454,Goodman HVAC Ga	s,A/C with Gas Fur	nace,3 ton							
coil	CHPTA3630B3,2501475754,Goodman HVAC Gas,A/C v	with Gas Furnace,3ton furnace,G	R9S800803BN,25	05164863,Goodman							
\$10	000.00										
	neck <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a T	rust (see UCC1Ad, item 17 and Instruction		red by a Decedent's Person	•						
	Check <u>only</u> if applicable and check <u>only</u> one box:			eck <u>only</u> if applicable and check <u>only</u> one box:							
	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultural	Lien Non-UCC Filing							
7. AI	TERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/E	Buyer 🔲 Bailee/Ba	ilor Licensee/Licer	nsor						
8. O	PTIONAL FILER REFERENCE DATA:										
\$10	000.00	Shelby County									
		INTERNATI	ONAL ASSOCIATION	OF COMMERCIAL AD	MINISTRATORS(IACA)						

UC	C FINANCING STATEMENT ADDENI									
	OW INSTRUCTIONS									
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing cause Individual Debtor name did not fit, check here									
	9a. ORGANIZATION'S NAME									
	9b. INDIVIDUAL'S SURNAME									
OR	JOHNSON									
	FIRST PERSONAL NAME									
	HANNAH									
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX							
10 D	 EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Deb	ehtor name that di	id not fit in line 1h o		of the Figureing Statement (Form LICC1) (use exact, full name:					
do	not omit, modify, or abbreviate any part of the Debtor's name) and Da. ORGANIZATION'S NAME				7 ZD 01 the	- manoing Ot				
10	10b. INDIVIDUAL'S SURNAME									
OR -	INDIVIDUAL'S FIRST PERSONAL NAME									
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX		
10c. MA	ILING ADDRESS	CITY	•			STATE	POSTAL CODE 35080	COUNTRY		
11.	ADDITIONAL SECURED PARTY'S NAME or	SSIGNOR	SECURED P	ARTY'S NAME	: Provide d	nly <u>one</u> nam	e (11a or 11b)	•		
11	Ia. ORGANIZATION'S NAME									
OR 1	Ib. INDIVIDUAL'S SURNA M E	FIRS	T PERSONAL NAN	/IE		ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX		
11c. M A	ILING ADDRESS	CITY	,			STATE	POSTAL CODE	COUNTRY		
12. AL	DITIONAL SPACE FOR ITEM 4 (Collateral):									
12 🔯	This FINANCING STATEMENT is to be filed [for record] (or record	·dad) in tha	14. This FINAL	NCING STATEMEN	JT ⁻					
13.	REAL ESTATE RECORDS (if applicable)	_	rs timber to be cut		covers as-ex	ktracted collateral	is filed as a fixture filing			
	ame and address of a RECORD OWNER of real estate described in Debtor does not have a record interest):	1	n of real estate:	4020700	0020720	Logal Description I				
(Source of Title: Inst# 20240207000030720. Legal Description: Lot#:14 Lot:A Book:25 Pg:89 Sub:VILLAGE PARISH RESURVEY. Owner: Hannah Johnson.								
4										
17. M l	SCELLANEOUS:									

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
07/31/2025 03:38:53 PM
\$54.00 PAYGE
20250731000233990

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