



20250916000281880
09/16/2025 10:46:39 AM
UCC1 1/2

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) SPRFilina@cscalobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>3227 54973 CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div> <div>Filed In: Alabama (Shelby)</div> | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | |

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 MCMICKEN | FIRST PERSONAL NAME LORETTA | ADDITIONAL NAME(S)/INITIAL(S) M | SUFFIX | |
| 1c. MAILING ADDRESS 40 GOGGINS DR | | CITY MONTEVALLO | STATE AL | POSTAL CODE 35115 | COUNTRY 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 Foundation Finance Company LLC | | | | |
| | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 10101 Market Street Suite B100 | | CITY Rothschild | STATE WI | POSTAL CODE 54474 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
SHOWER INSTALLED IN HOME

LORETTA M MCMICKEN
40 GOGGINS DR
MONTEVALLO, AL 35115

THE TOTAL VALUE OF COLLATEARL IS \$14,821.00.

| | | | | | |
|---|--|--|--|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | | | | |
| 6a. 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 | | | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser | | | | | |
| 8. OPTIONAL FILER REFERENCE DATA: 70295734/61120773 | | | | | |

3227 54973

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

MCMICKEN

FIRST PERSONAL NAME

LORETTA

ADDITIONAL NAME(S)/INITIAL(S)

M

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

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

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):
LORETTA M MCMICKEN
40 GOGGINS DR
MONTEVALLO, AL 35115

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
09/16/2025 10:46:39 AM
\$61.35 CHARITY
20250916000281880



Allen S. Bayl

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

16. Description of real estate:
Legal Description: COM NE COR SW1/4 NW1/4 SLY647.7
W319.35 N210 TO POB N210 W115.83 SW78.5 S121.69 E127.63
TO POB
County: SHELBY, AL
APN: 26-1-01-0-001-014-000
Census Tract / Block: 304.08 / 1
Township-Range-Sect: 22-4W-01 Subdivision: MYRTLE PICKETT
PROP
Munic/Township: COUNTY

17. MISCELLANEOUS: