20251014000316890 10/14/2025 02:53:18 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									
THE ABOVE SPACE IS FOR FILING OFFI									
. 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									
OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) HOPKINS EMERY	SUFFIX								
1c. MAILING ADDRESS CITY STATE POSTAL CODE CALERA AL 35040	COUNTRY								
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)  2a. ORGANIZATION'S NAME									
OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
2c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY								
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  ALABAMA POWER COMPANY									
3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S)	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX								
3c. MAILING ADDRESS 1200 6 <sup>TH</sup> AVE N STATE POSTAL CODE BIRMINGHAM AL 35203	COUNTRY								
4. COLLATERAL: This financing statement covers the following collateral:  HVAC Replacement, Heat Pump, Installed new mini split for customer, SENL- 18CD-OL, 540R0945702A5230630675, Senville  \$3570.00									
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 Pe	arconal Danracantativa								
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 Period	•								
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/	Licensor								
8. OPTIONAL FILER REFERENCE DATA: \$3570.00 Shelby County									

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS(IACA)

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS								
	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater	ment: if line 1b was le	ft blank	-				
	cause Individual Debtor name did not fit, check here	mornt, il illio 15 was io	it blank					
	9a. ORGANIZATION'S NAME							
OR	9b. INDIVIDUAL'S SURNAME  HOPKINS							
FIRST PERSONAL NAME  EMERY								
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	T	HE ABOVE	SPACE IS FOR FIL	ING OFFIC	E USE ONLY
10. D	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor nar	ne or Debtor name th	at did not fit in line 1b o	r 2b of the F	inancing St	atement (Form UCC1)	(use exact, f	full name;
	not omit, modify, or abbreviate any part of the Debtor's name) and enter to Da. ORGANIZATION'S NAME	ne mailing address in	iine 10c					
10	Db. 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 35040		COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECUREI	D PARTY'S NAME	: Provide o	nly <u>one</u> nam	e (11a or 11b)		
1	la. ORGANIZATION'S NA <b>M</b> E							
OR 1	Ib. INDIVIDUAL'S SURNA <b>M</b> E	FIRST PERSONAL	NAME		ADDITIONA	L NAME(S)/INITIAL(S)		SUFFIX
11c. MA	ILING ADDRESS	CITY			STATE	POSTAL CODE		COUNTRY
12. AE	DITIONAL SPACE FOR ITEM 4 (Collateral):							
40 🔯	1	1.1 This E	INANCING STATEMEN	JT-				
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)		overs timber to be cut		covers as-e	xtracted collateral	X is filed	l as a fixture filing
	is. 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:  Source of TItle: Inst# 20140514000146160. Legal Description: Lot#:82 Book:34  Pg:117 Sub:RESERVE AT TIMBERLINE. Owner: Emery Hopkins and Shemica Hopkins.							
17. <b>M</b> I	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
10/14/2025 02:53:18 PM
\$44.40 JOANN
20251014000316890

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