20251208000375540 12/08/2025 03:00:20 PM UCC1 1/2

## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A NAME & DUONE OF CONTACT AT CURMITTED (antional)				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
4885 005 File	ed In: AL			
CSC Shelby County				
801 Adlai Stevenson Drive	Court			
Springfield, IL 62703				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT		E SDACE IS E	OR FILING OFFICE USE	ONI V
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name to fit in line 1b, leave all of item 1 blank, check here		of the Debtor's na	ame); if any part of the Individua	
1a. ORGANIZATION'S NAME		- marreing statem		
OR AL INDIVIDUALIO OLIDAIANE	TEIDOT DEDOCNIAL NIANE	ADDITI		TOUEELY.
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
GARCIA  10 MAILING ADDRESS A 70 A TEQUINO ELL TOL	CITY	STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS 1734 TECUMSEH TRL	PELHAM	AL	35124	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full na not fit in line 2b, leave all of item 2 blank, check here	me; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the			Debtor's name will
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
GARCIA	ANDREA			
2c. MAILING ADDRESS 1734 TECUMSEH TRL	CITY	STATE	POSTAL CODE	COUNTRY
	PELHAM	AL	35124	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	<u> </u>	ame (3a or 3b)		
3a. ORGANIZATION'S NAME Foundation Finance Com	pany LLC			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 10101 Market Street Suite	CITY	STATE	POSTAL CODE	COUNTRY
B100	Rothschild	WI	54474	USA
4. COLLATERAL: This financing statement covers the following collateral:				
Total value of collateral: \$5,699.00				
WATER FILTRATION SYSYTEM installed onto	property			
JOE GARCIA				
ANDREA GARCIA				
1734 TECUMSEH TRL, PELHAM, AL 35124				
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and Instructions)	heing administ	ered by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:	(SCC CCTAG, REITH IT AND HISHUCHORS)		if applicable and check <u>only</u> or	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		ultural Lien Non-UCC	
	Consignee/Consignor Seller/Buye			see/Licensor
8. OPTIONAL FILER REFERENCE DATA: 70317009 / 612159				4885 005

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS** 

cause Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
GARCIA  FIRST PERSONAL NAME						
JOE						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE 9	SDACE	IS FOR FILING OFFICE	FIISE ONI Y
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additiona do not omit, modify, or abbreviate any part of the Debtor's name)						
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
	LCITY			STATE	POSTAL CODE	COUNTR
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME		CURED PARTY'S PERSONAL NAME	NAME: Provide or	nly <u>one</u> na	ame (11a or 11b)  NAL NAME(S)/INITIAL(S)	SUFFIX
11a. ORGANIZATION'S NAME	ASSIGNOR SE		NAME: Provide or	nly <u>one</u> na		SUFFIX
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	ASSIGNOR SE		NAME: Provide or	nly <u>one</u> na	NAL NAME(S)/INITIAL(S)	
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	ASSIGNOR SE		NAME: Provide or	nly <u>one</u> na	NAL NAME(S)/INITIAL(S)	
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	ASSIGNOR SE		NAME: Provide or	nly <u>one</u> na	NAL NAME(S)/INITIAL(S)	
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	ASSIGNOR SE		NAME: Provide or	nly <u>one</u> na	NAL NAME(S)/INITIAL(S)	
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	ASSIGNOR SE	PERSONAL NAME	NAME: Provide or	nly <u>one</u> na	NAL NAME(S)/INITIAL(S)	
ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record) (or record).	ASSIGNOR SE FIRST CITY  recorded) in the 14. Th		NAME: Provide or	ADDITIO	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recall estate described by the collateral):  Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):  E GARCIA and ANDREA GARCIA	FIRST CITY  recorded) in the 14. The ibed in item 16 16. December 1734 SUB Could be a subject to the country of	PERSONAL NAME  is FINANCING STATEM covers timber to be cuescription of real estate:  : WOODDALE	ENT:  t	ADDITION STATE  ADDITION ADDIT	POSTAL CODE  collateral is filed as  LO T/BLOCK: 7-36-1-002-04	a fixture filing
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record) (or record).  REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate description (if Debtor does not have a record interest):	recorded) in the 14. The libed in item 16 16. Dec 1734 SA Councer Town WOOLey	personal name  is FINANCING STATEM covers timber to be cut scription of real estate:  i: WOODDALE Inty: SHELBY sus Tract / rnship-Range DDALE	NAME: Provide or NAME: Overs as-e	ADDITION STATE  **xtracted of the control of the co	POSTAL CODE  collateral is filed as  LO T/BLOCK: 7-36-1-002-04	a fixture filing  1/3 4-000