

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>CSC 1-800-858-5294</b>
B. E-MAIL CONTACT AT SUBMITTER (optional) <b>SPRFiling@cscglobal.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  3392 19444 CSC 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Alabama (Shelby)

**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)

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	<b>KELLEY</b>	<b>CANDACE</b>			
1c. MAILING ADDRESS	<b>620 FOREST LAKES DR</b>	CITY	STATE	POSTAL CODE	COUNTRY
		<b>STERRETT</b>	<b>AL</b>	<b>35147</b>	<b>USA</b>

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	
	<b>KELLEY</b>	<b>JASON</b>			
2c. MAILING ADDRESS	<b>620 FOREST LAKES DR</b>	CITY	STATE	POSTAL CODE	COUNTRY
		<b>STERRETT</b>	<b>AL</b>	<b>35147</b>	<b>USA</b>

3. 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	<b>MICROF LLC</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	<b>2849 Paces Ferry Rd SE Suite 625</b>	CITY	STATE	POSTAL CODE	COUNTRY
		<b>Atlanta</b>	<b>GA</b>	<b>30339</b>	<b>USA</b>

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

The indebtedness amount is 9480.

All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 001956753 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's HEAT\_PUMP\_SYSTEMAIR\_HANDLER, HP\_CONDENSER

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 only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing

6b. Check only if applicable and check only one box:

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

8. OPTIONAL FILER REFERENCE DATA: **RTO-001956753**

3392 19444

**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	
KELLEY	
FIRST PERSONAL NAME	
CANDACE	
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

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):



**Filed and Recorded**  
**Official Public Records**  
**Judge of Probate, Shelby County Alabama, County**  
**Clerk**  
**Shelby County, AL**  
**03/05/2026 10:56:55 AM**  
**\$53.25 KELSEY**  
**20260305000063940**

*Allie S. Boyd*

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):  
**CANDACE KELLEY**  
**620 FOREST LAKES DR**  
**STERRETT AL 35147**

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

16. Description of real estate:  
**LOT 6, BOOK 28, PAGE 94, FOREST LAKES SECTOR 1**  
**SUBDIVISION, CHELSEA TOWNSHIP, CENSUS TRACT**  
**030215,CENSUS BLOCK 1034, SHELBY COUNTY, AL. APN:**  
**095210000001320**

17. MISCELLANEOUS: