[redacted]

4/30/09 10:41:26
BK 3,024 PG 313
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
LOAN SERVICING 800-775-8015

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST MUTUAL BANK
PO BOX 1647
BELLEVUE, WA 98009-1647

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
WAGONER	ROBERT		

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1437 PONTOTOC ST	HERNANDO	MS	38632	US

1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
WAGONER	CHRIS		

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1437 PONTOTOC ST	HERNANDO	MS	38632	US

2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FIRST MUTUAL BANK

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 1647	BELLEVUE	WA	98009-1647	US

4-27-2009

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

☑ FIXTURE FILING

PARCEL ID: 3073070100001900

LEGAL: LOT 19, SECTION A, HERNANDO ESTATES SUBDIVISION IN HERNANDO, MISSISSIPPI, AS RECORDED IN PLAT BOOK 3, PAGES 33 AND 34, IN THE CHANCERY CLERK'S OFFICE OF DESOTO COUNTY, MISSISSIPPI AND BEING PART OF THE WEST HALF OF SECTION 6, TOWNSHIP 3, RANGE 7 WEST.

SITUATE IN THE COUNTY OF DE SOTO, STATE OF MISSISSIPPI

ADDRESS: 1437 PONTOTOC ST,HERNANDO, MS 38632

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

WAGONER R 52 125978 04 $20 DeSoto MS

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)