2011-689043 6/30/2011 3:47 PM PAGE: 1 OF BOOK: 801 PAGE: 386 FEES: \$11.00 DR FIXTURE FILIN EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
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	BOOK: 801 PAGE: 386 FE EDA SCHUNK THOMPSON, S	ES: \$11.0 HERIDAN	O DR FIXTURE F COUNTY CLERK	-ILING
	EDA SCHORK THE 5 - 5,			
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER (optional)	1			
Kim Newman 674 0	4104			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
FIRST FEDERAL SAVINGS BANK PO BOX 6007 46 W. BRUNDAGE STREET SHERIDAN, WY 82801	THE ABOVE S	SPACE IS FOI	R FILING OFFICE USE	ONI Y
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor nam			THE COLUMN	- CIVET
1a. ORGANIZATION'S NAME				
OR AIB, LLC				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2014 Demple St 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	Sheridan	AL	82801	USA
ORGANIZATION Limited Liability	1f. JURISDICTION OF ORGANIZATION	I Ig. ORG	ANIZATIONAL ID #, if an	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or	Wyoming	viate or com	hine names	X NONE
2a. ORGANIZATION'S NAME	16 debtor flame (22 of 25) - do flot abbre	viate of com	Diffe flatfies	
22				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
AL TAY IN A SON OR SIN LARRY WISCON TO THE TOTAL PROPERTY.			<u> </u>	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if an	
DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR		<u> </u>		☐ NONE
3a. ORGANIZATION'S NAME	S/P) - Insert only one secured party name (3a or	30)	· · · · · · · · · · · · · · · · · · ·	
First Federal Savings Bank				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
	1			
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
46 W. Brundage	Sheridan	WY	82801	USA
4. This FINANCING STATEMENT covers the following collateral: FIXTURES:	All goods now or in the future a	affixed or	attached to real e	state.
	SIGNEE/CONSIGNOR	SELLER/BUY		NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the RE ESTATE RECORDS. Attach Addendum (if applications)	AL 7. Check to REQUEST SEARCH REPORT [ADDITIONAL FEE]	(S) on Debtor(s [optional]	All Debtors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		-		



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	C FINANCING STATEN OW INSTRUCTIONS (front and back						
	AME OF FIRST DEBTOR (1a or 1b) C		1ENT				
	9a. ORGANIZATION'S NAME	TWA					
ОR	AIB, LLC						
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. N	MISCELLANEOUS:						
4.1	ADDITIONAL DEBTOR'S EXACT F	THILLECAL NAME insert only o	no nama (11a or 11b) . do			IS FOR FILING OFFI	CE USE ONLY
11.	11a, ORGANIZATION'S NAME	ULL LEGAL NAIVIE - INSERT ONLY O	ne name (11a or 11b) - do	THOU ADDIEVIATE OF	COMBIN	e Harries	
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
11c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN ADD'L INFO RI ORGANIZATIO DEBTOR	E 11e. TYPE OF ORGANIZATION N	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	GANIZATIONAL ID #, if	any NONE
12.	<u> </u>	TY'S <u>or</u> 🗌 ASSIGNOR S/P	'S NAME - insert only one	e name (12a or 12	2b)		
	12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
12c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14. Th A	This FINANCING STATEMENT covers collateral, or is filed as a fixture filling Description of real estate: the goods are or are to become cert Subdivision to the City of Dunty, Wyoming	e fixtures on: Lot 1 of the	16. Additional collateral descr	iption:			
-	Name and address of a RECORD OWNER (if Debtor does not have a record interes Ktures: AIB, LLC		NO. 2011-68 EDA SCHUNK THE FIRST FEDERAL SET SHERIDAN WY 8 17. Check only if applicable and Debtor is a Trust or 18. Check only if applicable and Debtor is a TRANSMITT. Filed in connection with 18. Filed in connection with 19.	HOMPSON, S SAVINGS BAN 32801 and check only one b Trustee acting with re and check only one b ING UTILITY a Manufactured-Hom	ox. espect to pox. ne Transac	OAN COUNTY C W BRUNDAGE property held in trust or	Decedent's Estate