

STATE OF LOUISIANA
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - UCC-1
IMPORTANT - Read Instructions on back before filling out form

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 (AND TITLE OF LINEAGE [e.g. Jr., Sr., III], if applicabl		FIRST NAME	MIDDLE NAME	
	JONES		RON	W	
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
1015 EAST BOBBY COURT			MILLERSVILLE		37072-
					COUNTRY
					USA
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
545-45-4544					<input checked="" type="checkbox"/> None

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 1b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE [e.g. Jr., Sr., III], if applicabl		FIRST NAME	MIDDLE NAME	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
					COUNTRY
					USA
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
					<input checked="" type="checkbox"/> 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					
Alpha Omega Consulting Group, Inc. Fed ID# 76-0735476					
OR	3b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE [e.g. Jr., Sr., III], if applicabl		FIRST NAME	MIDDLE NAME	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
716 Vauxhall Drive			Nashville	TN	37221
					COUNTRY
					USA

4. This FINANCING STATEMENT covers the following collateral:

Year	Color	Make	Model	Body Style	VIN
1992	blue	buick	century	2d	32132132132132112

5a. Check if applicable and attach legal description of real property: Fixture filing As-extracted collater Standing tmbe constituting goods The debtor(s) do not have an interest of record in the real property (Enter name of an owner of recor

5b. Owner of the property (if other than named debtor)

6a. Check only if applicabel and check only one box.
 Debtor is a Transmitting Utility. Filing is Effective Until Terminat
 Filed in connection with a public finance transaction. Filing is Effective for 30

6b. Check only if applicabel and check only one box.
 Debtor is a Trust or Trustee acting with respect to property h
 in trust or Decedent's Estat

7. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR
 CONSIGNEE/CONSIGNOR BAILEE/BAILOR
 SELLER/BUYER AG. LIEN NON-UCC FILING

8. Name _Phone Number to contact filer

9. Send Acknowledgement To: (Name Address)
 Alpha Omega Consulting Group, Inc.
 Mike Burch
 716 Vauxhall Drive
 Nashville, TN 37221
 (615) 662-9537

10. The below space is for filing Office Use Only

11. CHECK TO REQUEST SEARCH REPORTS ON DEBTOR(S)
 (ADDITIONAL FEE REQUIRED) ALL DEBTORS DEBTOR 1 DEBTOR 2