

## 20030221000109770 Pg 1/2 298.00 Shelby Cnty Judge of Probate, AL 02/21/2003 10:21:00 FILED/CERTIFIED

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]			i				
Bill Hairston III (205) 328-	4600						
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)							
William B. Hairston III							
ENGEL HAIRSTON & JOHANSON, P.C.							
P.O. Box 370027							
Birmingham	AL	35237					
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor i	name (1a or 1	b) - do no				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

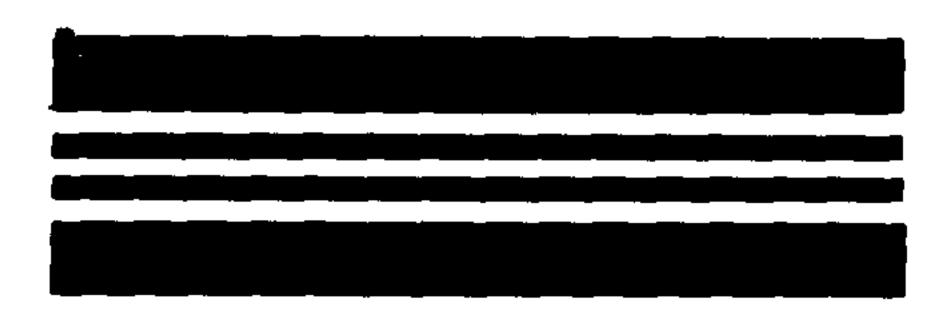
						OK FILING OFFICE 03			
1.	DEBTOR'S EXACT FUL	L LEGAL NAME - ir	sert only one debtor name (1	a or 1b) - do not abbreviate or d	combine name				
	1a. ORGANIZATION'S	NAME	<del></del>	<del></del>					
∩R	, ]								
TISTED TO THE TOTAL OF THE TOTA			FIRST NAME	MIDDLE NAME GENTRY		SUFFIX			
			EDUARDO						
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY			
	Suite 250, 26	33 Valleyda	ale Road	Birmingham	AL	35244	USA		
1d	. TAX ID#: SSN or EIN			ON 11. JURISDICTION OF OF	RGANIZATION	g. ORGANIZATION ID#	, if any		
		ORGANIZATION DEBTOR	individual	ALABAMA	j		NONE		
2. /	ADDITIONAL DEBTO	R'SEXACT FULL LE	GAL NAME - insert only one	debtor name (2a or 2b) - do no	t abbreviate or co	mbine name			
	2a. ORGANIZATION'S I				·····	<del></del>	<del></del>		
0 B	VALLEYDALE D	VALLEYDALE DENTAL ASSOCIATES, P.C.							
UK	VALLEYDALE DENTAL ASSOCIATES, P.C.  2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	MIDDLE NAME				
2c. MAILING ADDRESS Suite 250, 2633 Valleydale Road			CITY	STATE	POSTAL CODE	COUNTRY			
			ale Road	Birmingham	AL	35244	USA		
2d	. TAX ID#: SSN or EIN	TADD'L INFORE	2e. TYPE OF ORGANIZATION	ON 2f. JURISDICTION OF OR	RGANIZATION 2	g. ORGANIZATION ID#	, if any		
		ORGANIZATION DEBTOR	Corporation	ALABAMA	j		X NONE		
3. 3	SECURED PARTY'S N	NAME (or NAME of	TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one sec	cured party name	(3a or 3b)			
	3a. ORGANIZATION'S N	VAME	<del></del>	<del></del>	<del></del>	<del></del>			
OR	REGIONS BANK								
	ЗЬ. INDIVIDUAL'S LAST	FNAME	<del>·</del>	FIRST NAME	MIDDL	E NAME	SUFFIX		
ļ									
Зc.	MAILING ADDRESS	<u></u> -		CITY	STATE	POSTAL CODE	COUNTRY		
417 20th Street North, Suite 350			Birmingham	AL	35203	USA			

4. This FINANCING STATEMENT covers the following collateral:

All now owned or hereafter acquired, and wherever located, Contract rights, accounts, notes, bills, acceptances, chattel paper, instruments, tax refunds, money on deposit, inventory, goods, wares, equipment, parts, merchandise, supplies, materials, trademarks, service marks, goodwill, copyrights, trade secrets, licenses, patent rights, software, intangible rights, general intangibles, equipment, machinery, furniture, furnishings, fixtures, shelving, office equipment, and office supplies.

All books and records pertaining thereto.

5. ALT. DESIGNATION [if applicable]: LESSEE/LESSOF CONSIGNEE/CONSIG	
in the REAL ESTATE RECORDS. Attach Addendum [if applicable] on Debt	REQUEST SEARCH REPORT(S) or(s) [ADDITIONAL FEE] [optional] All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	
D-3858	



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## UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX GENTRY GONZALEZ EDUARDO 10. MISCELLANEOUS: Record in Shelby County, Alabama THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do not abbreviate or combine name 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ORGANIZATION 11d. TAX ID#: SSN or EIN 111e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 111g. ORGANIZATION ID#, if any NONE DEBTOR ASSIGNOR S/P -insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY as-extracted 16. Additional collateral description: 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing. 14. Description of real estate: Suite 250, 2633 Valleydale Road Birmingham, Alabama, 35244 THE INITIAL INDEBTEDNESS SECURED BY THIS FINANCING STATEMENT is \$180,000.00 MORTGAGE TAX DUE: \$270.00 15. Name and address of a RECORD OWNER of above described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. MARTY BYROM, LLC Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box. 2526 Valleydale Road, Suite 100 Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction -- effectiive 30 years Birmingham 35244 ALFiled in connection with a Public-Finance Transaction -- effective 30 years UCC SOFTWARE FROM dlegal.com DEBTOR COPY NATIONAL UCC FINANCING STATEMENT (FORM UCC1Ad) (REV. 07/29/98) Call 1-800-544-4437 or UCC@dlegal.com