

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Keith Windle (205) 521-8415 B. SEND ACKNOWLEDGMENT TO: (Name and Address) J. Keith Windle Bradley Arant Rose & White LLP One Federal Place 1819 Fifth Avenue North Birmingham, AL 35203-2104 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 Marca Management Systems (MMS), L.L.C. 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c MAILING ADDRESS COUNTRY CITY STATE POSTAL CODE USA 292 Pin Oak Drive Chelsea AL35043 ADD'L INFO RE 1e. TYPE OF ORGANIZATION If. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any To TAX ID # SSN OR EIN ORGANIZATION AL NONE limited liability partnership DEBTOR 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 MIDDLE NAME FIRST NAME 2b. INDIVIDUAL'S LAST NAME SUFFIX POSTAL CODE CITY STATE COUNTRY 2c. MAILING ADDRESS 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2d. TAX ID#. SSN OR EIN ADD'L INFO RE 2g. ORGANIZATIONAL ID #. if any ORGANIZATION NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 31b) 3a. ORGANIZATION'S NAME Bank of the West 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE 3c. MAILING ADDRESS COUNTRY 96160 10181 Truckee Airport Road, P. O. Box 61000 Truckee CA USA 4. This FINANCING STATEMENT covers the following collateral: The collateral consists of the property described on Schedule I attached hereto which, together with the Exhibit A thereto, is incorporated herein by reference. Debtor is record owner of real property. Cross Reference in Real Estate Records. Additional collateral for mortgage filed simultaneously herewith. NON-UCC FILING CONSIGNEE/CONSIGNOR SELLER/BUYER AG. LIEN BAILEE/BAILOR LESSEE/LESSOR 5. ALTERNATIVE DESIGNATION [if applicable]: This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ESTATE RECORDS. Attach Addendum (if applicable) (ADDITIONAL FEE) (optional) Debtor 2 Debtor 1 All Debtors 8. OPTIONAL FILER REFERENCE DATA **Shelby County Probate** (BARW internal #317)

20040105000007600 Pg 2/2 28.00 Shelby Cnty Judge of Probate, AL 01/05/2004 14:07:00 FILED/CERTIFIED

UCC FINANCING STATEMENT ALL FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED 9a. ORGANIZATIONS NAME	FINANCING STATE	MENT				
Marca Management Systems (MMS	3). L.L.C.					
9b. INDIVIDUAL'S LAST NAME FIRST NAM		MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
File with Judge of Probate of Shelby Control Internal Reference #103	ounty, Alabam	a				
			THE ABOVE	SPACE	S FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - in 11a. ORGANIZATION'S NAME	sert only <u>one</u> name (11	la or 11b) - do not abbreviat	e or combine name	S		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
11c MAILING ADDRESS	a	ity	<u> </u>	STATE	POSTAL CODE	COUNTRY
11d. TAX ID# SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	ORGANIZATION 1°	1f. JURISDICTION OF ORGAN	IZATION	11g. ORC	SANIZATIONAL ID#, if any	NONE
12. ADDITIONAL SECURED PARTY'S or AS	SIGNOR S/P'S NAME	E - insert only <u>one</u> name (1	2a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		
OR 12b. INDIVIDUAL'S LAST NAME	Fi	RSTNAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME 12c. MAILING ADDRESS		IRST NAME			NAME POSTAL CODE	SUFFIX
12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing.	C		tion:			
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