20230523000153600 05/23/2023 10:09:08 AM UCC1 1/2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2561 94645						
CSC 801 Adlai Stevenson Drive						
Springfield, IL 62703	n: Alabama					
	(Shelby)					
1 DERTOP'S NAME: Provide only one Debter name (1s or 1b) (use exact full			R FILING OFFICE USE			
	the Individual Debtor information in item 10 of t					
1a. ORGANIZATION'S NAME Kristin M. Kizziah						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)			
1c. MAILING ADDRESS 2700 Corporate Dr., Suite 200	CITY Birmingham	STATE	POSTAL CODE 35242	COUNTRY		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full						
	the Individual Debtor information in item 10 of					
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
ZB. III BIVIDO/IL G GOITH/TIVIL		7.556				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provide only <u>one</u> Secured Party	y name (3a or 3b)			
3a. ORGANIZATION'S NAME Advocate Capital, Inc.						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
			ADDITIONAL NAME (O) NOTE (O)			
3c. MAILING ADDRESS One Vantage Way, Suite C-200	CITY Nashville	STATE	POSTAL CODE 37228	COUNTRY		
4. COLLATERAL: This financing statement covers the following collateral: All accounts, general intangibles, payment intangibles kind, including specifically and without limitation all of						
services rendered, and for costs and expenses advar	•					
Debtor may have in and with respect to each and even		•				
of any other law firm or marketing consortium or othe	•					
and properties of Debtor now and in the future in Sec any of the foregoing is owned now or acquired later; a	• •		•			
records of any kind relating to any of the foregoing; a	· · · · · · · · · · · · · · · · · · ·	·				
accounts proceeds).						
NOTICE: By agreement, Debtor is prohibited from gra	anting additional security inter	ests in the	collateral and in	collateral		
proceeds. Competing creditors are prohibited from co						
				_		
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and Instructions)	being administe	red by a Decedent's Person	al Representative		
6a. Check only if applicable and check only one box:			being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box:			
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricul	tural Lien Non-UCC	: Filing		
	Consignee/Consignor Seller/Buye	r Ba	ilee/Bailor Lice	nsee/Licensor		
8. OPTIONAL FILER REFERENCE DATA:				2561 94645		

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS							
9. NAME OF FIRST DEBTOR: Same as line because Individual Debtor name did not fit, che	_	line 1b was left l	blank				
9a. ORGANIZATION'S NAME							
Kristin M. Kizziah							
9b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL NAME							
ADDITIONAL NAME(S)/INITIAL(S)	s	UFFIX					
10. DEBTOR'S NAME: Provide (10a or 10b)	only one additional Debter name or	r Dobtor name th	at did not fit in			tatement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of t	-			ille ib di 2b di tile r	mancing c	tatement (Form OCCT) (use	e exact, full flame
10a. ORGANIZATION'S NAME							
OR 10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/IN	JITIAL (S)						SUFFIX
	VITIAL(O)						301117
10c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'	S NAME or ASSIGNO	I OR SECURE	D PARTY'	S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME					<u>-</u>		
OR 11b. INDIVIDUAL'S SURNAME		FIRST PERSO	NAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collaboration of Standard Competing Creditors potential competing creditors p					his No	tice is made and	directed to
13. This FINANCING STATEMENT is to be fil REAL ESTATE RECORDS (if applicable)					ovtracted	colleteral Die filed so d	a fixtura filina
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		16. Description	s timber to be o		extracted	Collateral is filed as a	a fixture filing
Offic	and Recorded ial Public Records						
	e of Probate, Shelby Cou	unty Alabai	ma, Coun	ty			
	y County, AL						
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17. MISCELLANEOUS:							