

# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

**Important: Read Instructions on Back Before Filling out Form.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. of Additional Sheets Presented: <u>1</u> | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1. Return copy or recorded original to:<br><br>Attention: Pat Ronchetti<br>Najjar Denaburg, P.C.<br>2125 Morris Avenue<br>Birmingham, Alabama 35203<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 1995-01934           </div> <div style="text-align: center;">             01/24/1995-01934<br/>             11:17 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             DCE MCD 16:00           </div>                                                                                                 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>NCB Construction, Inc.<br>1249 Berwick Road<br>Birmingham, Alabama 35242<br><br>Social Security/Tax ID # <u>X</u> [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><br><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>Attention: Jim Knight<br>Compass Bank<br>15 South 20th Street<br>Birmingham, Alabama 35233<br><br>Social Security/Tax ID # [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5. The Financing Statement Covers the Following Types (or items) of Property:<br><br>All rents, leases, profits & royalties from or relating to the property described in Exhibit "A".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| <div style="float: right; text-align: right;">             5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br/> <table style="margin-left: auto; margin-right: 0;"> <tr><td>000</td><td>800</td></tr> <tr><td>100</td><td>900</td></tr> <tr><td>200</td><td>---</td></tr> <tr><td>300</td><td>---</td></tr> <tr><td>500</td><td>---</td></tr> <tr><td>600</td><td>---</td></tr> <tr><td>700</td><td>---</td></tr> </table> </div>                                                                                                                                                                                                                           |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 000 | 800 | 100 | 900 | 200 | --- | 300 | --- | 500 | --- | 600 | --- | 700 | --- |
| 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 800                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 900                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ---                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ---                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ---                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ---                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ---                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |                                              | 7. Complete only when filing with the Judge of Probate:<br><b>GIVEN AS ADDITIONAL SECURITY FOR MORTGAGE FILED SIMULTANEOUSLY HERewith!</b><br>Mortgage for \$ _____ per cent per annum (reaction thereof) \$ _____<br><br>8. <input type="checkbox"/> This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Signature(s) of Debtor(s) <u>Nathan L. Brewer</u><br><br>Signature(s) of Debtor(s) _____<br>NCB Construction, Inc.<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | Signature(s) of Secured Party(ies) or Assignee _____<br><br>Signature(s) of Secured Party(ies) or Assignee _____<br>Compass Bank<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

EXHIBIT "A"

Description of Mortgaged Property

Lot 7-A, according to the resurvey of Lots 6 and 7, The Glen Estates, as recorded in Map Book 19, Page 58 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Inst # 1995-01934

01/24/1995-01934  
11:17 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 HCD 16.00