

**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE  
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

**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><b>Meade Whitaker, Jr.</b><br><b>BRADLEY ARANT ROSE &amp; WHITE LLP</b><br><b>2001 Park Place, Suite 1400</b><br><b>Birmingham, Alabama 35203-2736</b><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 # 1999-27708<br/><br/>             07/01/1999-27708<br/>             04:07 PM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             002 MMS 18.00           </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><b>MediTek-Greystone, Inc.</b><br><b>7500 Hugh Daniel Drive</b><br><b>Hoover, Alabama 35242</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                                                                                                                                                                                                                                                                                               |
| 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) <i>US Bank Trust NA</i><br><b>First Trust National Association</b><br><b>as Custodian or Trustee</b><br><b>180 E. Fifth Street</b><br><b>St. Paul, MN 55101</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                               |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1996-35222</u><br>Filed with <u>Shelby County, AL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | Date Filed <u>October 23</u> , 19 <u>96</u>                                                                                                                                                                                                                                                                                                                   |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input checked="" type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                              |                                                                                                                                                                                                                                                                                                                                                               |
| 11. See Exhibit A attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                                                                                                                                                                                                                                                                                                                               |

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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Check X if covered: ☐ Products of Collateral are also covered.

**NOT REQUIRED**

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

**FIRST TRUST NATIONAL ASSOCIATION**

Type Name of Individual or Business



## EXHIBIT A

The following collateral is released:

**DOSTER CONSTRUCTION COMPANY, INC. -**

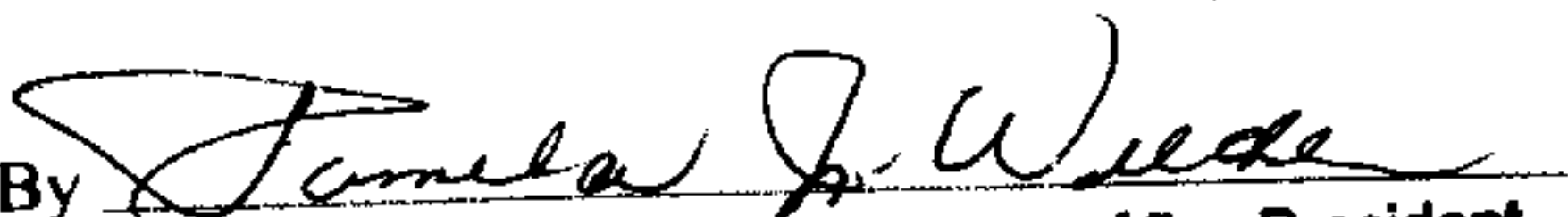
Buildout/Construction consisting of General Conditions, Concrete slabs, Unistrut, Wood block & misc. carpentry, Hollow metal frames & doors, Wood doors, Hardware, Drywall and acoustical, Vinyl tile and carpet, Paint & vinyl wall covering, Toilet accessories, Cabinetry, Radiation Protection, Windows (lead & receptionist, Fire protection, Mechanical, Electrical;

Together with all parts, accessories, attachments, accessions, additions, replacements, and substitutions incorporated therein or affixed or attached thereto and any and all proceeds of the foregoing including, without limitation, insurance recoveries.

**SECURED PARTY HEREBY EXPRESSLY WAIVES AND DISCLAIMS ANY LIEN ON OR INTEREST IN THE REAL PROPERTY DESCRIBED ON THE FINANCING STATEMENT AND ANY IMPROVEMENTS ON SUCH REAL PROPERTY AND EXPRESSLY LIMITS ITS SECURITY INTEREST TO THE EQUIPMENT IDENTIFIED ON THE FINANCING STATEMENT.**

U.S. Bank Trust National Association f/k/a  
First Trust National Association

FIRST TRUST NATIONAL ASSOCIATION

By   
Vice President  
Its Pamela J. Wieder

Inst # 1999-27708

07/01/1999-27708  
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