The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.		
1. Return copy or recorded original to: LEXIS DOCUMENT SERVICES INC. PO BOX 2969 SPRINGFIELD, IL 62708		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Pre-paid Acct # —————				
Name and Address of Debtor  MEDITEK-GREYSTONE INC  7500 HUGH DANIEL DRIVE  HOOVER, AL 35242	(Last Name First if a Person)	001-23353	RTIFIE OF PROBATE	
Social Security/Tax ID #	(Last Name First if a Person)	Inst # 2	04:49 PM CE	
Social Security/Tax ID#		FILED WITH: AL-Shelby County 1237-002		
Additional debtors on attached UCC-E		· · · · · · · · · · · · · · · · · · ·		
US BANK TRUST , NA as Custodia Successor in Interest to Fir 180 E FIFTH STREET SAINT PAUL, MN 55101  Social Security/Tax ID **  Additional secured parties on attached UCC-E  5. This statement refers to original Financing Statem	st Trust N.A	Date Filed 10/23/1996		
6. Continuation. The original financing statement be 7. Termination. Secured Party no longer claims a se 8. Partial or The Secured Party's right under the property described in item 11 or to Assignment. Whose name and address appears it 9. Amendment Financing statement bearing file nu Secured Party releases the collateral number shown above.	curity interest under the financing statement bearing file nur all of the property listed on this file, n item 4. mber shown above is amended as se	ured Party, bearing file number shown above, is still effective. atement bearing the file number shown above. nber shown above to the is assigned to the assignee et forth in item 11.		
11.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:		
Check X if covered: ☐ Products of Collateral are also o	overed			
Signature(s) of Debtor(s)	~ T GI GO.	Signal arge(s) of Secured Langes),		
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(ies)		
		US BANK TRUST , NA as Custodian or Trustee  Type Name of individual of Business - Time Trustee	<del></del>	
Type Name of Individual or Business  (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OF  (2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY	FICER COPY - ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE — F  (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama	FORM UCC-3	