

**FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY**

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

Inst # 2001-28754  
 07/11/2001-28754  
 08:28 AM CERTIFIED  
 SHELBY COUNTY JUDGE OF PROBATE  
 001 MB 15.00

A. NAME & TEL. # OF CONTACT AT FILER (optional)	B. FILING OFFICE ACCT.# (optional)
C. RETURN COPY TO: (Name and Mailing Address)	
Regions Bank P.O.Box 216 Pelham, AL. 35124	
D. OPTIONAL DESIGNATION (if applicable): <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING	

**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)**

1a. ENTITY'S NAME					
OR					
1b. INDIVIDUAL'S LAST NAME <b>COX</b>	FIRST NAME <b>BILLY</b>	MIDDLE NAME <b>E</b>	SUFFIX		
1c. MAILING ADDRESS <b>608 22ND AVENUE SOUTH;</b>		CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	COUNTRY <b></b>	POSTAL CODE <b>35205</b>
1d. S.S. OR TAX I.D.# [REDACTED]	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY <b>Individual</b>	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION		1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input checked="" type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)**

2a. ENTITY'S NAME					
OR					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION		2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

**3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)**

3a. ENTITY'S NAME <b>REGIONS BANK</b>					
OR					
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS <b>200 INVERNESS CENTER DRIVE</b>		CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	COUNTRY <b></b>	POSTAL CODE <b>35242</b>

4. This FINANCING STATEMENT covers the following types or items of property:  
**All Equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.**

*Mtg. Inst # 2001-28753*

5. CHECK BOX (if applicable) <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S) <i>Billy Cox</i>	8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]
9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	