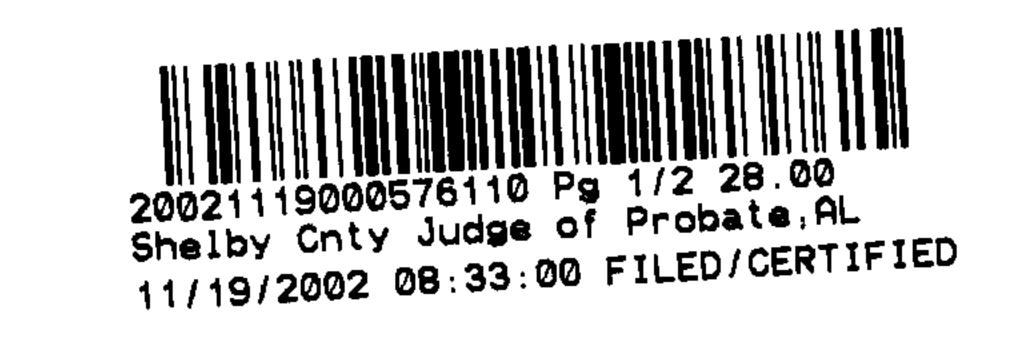
	 -	* */			
 			_		
					,



IAME & PHONE OF CO	ONTACT AT FILER [optional]					
	EMENT TO: (Name and Address) lers Bank, National Association e Avenue					
Nashville, 7						
_						
		THE ABOVE S	SPACE IS FO	R FILING OFFICE US	E ONLY	
EBTOR'S EXACT FI	JLL LEGAL NAME - insert only one debtor name (1a		· · · · · · · · · · · · · · · · · · ·		·····	
1a. ORGANIZATION'S NA	AME					
United Land-Birm		CIDOT NAME	MIDDLE	NAME	SUFFIX	
1b. INDIVIDUAL'S LAST I	NAME	FIRST NAME	I WIIDDEL .	VA CIVIL		
MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTR	
1 East Main Street		Chattanooga	TN	37408	USA	
TAX ID #: SSN OR EIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any		
	DEBTOR LIMITED LIABILITY CO.	TN			X	
2a. ORGANIZATION'S NA	R'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	ine names			
Za. ORGANIZATION 5 IV	AIVI C					
2b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
				Teeers con	COUNT	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNT	
TAY ID # CON OR FIN	ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	y	
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR	[
SECURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only <u>one</u> secured party name (3a or	3b)		· · · · · · · · · · · · · · · · · · ·	
3a. ORGANIZATION'S N	AME					
	S BANK, NATIONAL ASSOCIATION		IMIDDI E	NAME	SUFFIX	
3b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME			
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNT	
O. Box 11087, 835	Georgia Avenue	Chattanooga	TN	37401		
	ENT covers the following collateral:					
Il Fixtures, located	at 159 Business Center Drive, Pelham, and substitutions relating to any of any of the foregoing (including insuran	f the foregoing; all records of any Ki	ng relating	to suit of the fore?	all access joing; all	
				JYER AG. LIEN	NON-UCC	

20021119000576110 Pg 2/2 28.00 Shelby Cnty Judge of Probate, AL 11/19/2002 08:33:00 FILED/CERTIFIED

ICC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CARE						
. NAME OF FIRST DEBTOR (1a or 1b) ON RE	LATED FINANCING STAT	TEMENT				
9a. ORGANIZATION'S NAME						
United Land-Birmingham, LLC						
	IRST NAME	MIDDLE NAME, SUFFIX				
SO. HADIAIDONE O EVOL IAVIAITE						
MISCELLANEOUS:		·	: -			
10113CELLANECOS. 623911592						
. ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only <u>one</u>	debtor name (11a or 11b) - do no			IS FOR FILING OFFIC	E USE ONLY
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
. MAILING ADDRESS	·	CITY		STATE	POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID #, if an	y
ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME	ASSIGNOR S/P'S N	AME - insert only <u>one</u> name (12a	a or 12b)			
12b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		CITY	<u>.</u>	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to collateral, or is filed as a fixture filing. Description of real estate:	be cut or as-extracted	16. Additional collateral descr	ription:			
5. Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):	ucounded real Colate					
		17. Check <u>only</u> if applicable a	 -			•
		Debtor is a Trust or Trust			erty held in trust or D	ecedent's Estate
		18. Check only if applicable a	nd check <u>only</u> one bo	X.		
		Debtor is a TRANSMITTING	G UTILITY			
		Filed in connection with a f	Manufactured-Home T	Fransaction	effective 30 years	
		Filed in connection with a f				
					inancial Solutions	