



UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] Karren Underwood 205-250-8400					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
B. SEIND ACRITOVILLEDGIVIENT TO: (Name and Address)					
Najjar Denaburg, P.C.					
2125 Morris Avenue					
Birmingham, AL 35203					
Diffillightin, The 55205					
L	THE ABOVE	SPACE IS FO	R FILING OFFICE U	SE ONLY	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name					
1a. ORGANIZATION'S NAME	(Ta or Tb) - do not abbreviate or combine names		. <u></u>		
Planet Celiular, Inc.					
OR 15. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE	MIDDLE NAME		
	Susan	Wilde			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
5101 Cyrus Circle	Birmingham	AL	35243	USA	
14 TAX ID # SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZATION ORGANIZATION		1g. ORGANIZATIONAL ID #, if any			
DEBTOR Corporation	Alabama	1	NONE		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only o	ne debtor name (2a or 2b) - do not abbreviate or com	bine names			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
2c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
24 TAVID # CON OR FINE TARRY INFO RE TO TVOE OF ORCANIZATION	OF HUDISPICTION OF OPCANIZATION	2= 000	ANIZATIONAL ID # Kom	<u></u>	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	12g. UKG	ANIZATIONAL ID #, if any	, —,	
DEBTOR	<u> </u>			NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	NOR S/P) - insert only one secured party name (3a or	3b)			
3a, ORGANIZATION'S NAME					
Compass Bank					
OR 35. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
	1				
	i i	-		1	
3c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3c. MAILING ADDRESS 15 South 20th Street	CITY Birmingham	STATE	POSTAL CODE 35233	COUNTRY	

The property described on Schedule "I" which is attached hereto and made a part hereof as if set out fully herein.

. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	• • • • • • • • • • • • • • • • • • • •	the REAL 7, Check to REQ (if applicable) [ADDITIONAL	UEST SEARCH REPOR FEEL	T(S) on Debtor(s) optional)	All Debtors De	btor 1 Debtor 2
ODTIONAL EILED DEEEDENCE DATA				······································		

Schedule "I"

Description of Collateral

As security for the payment and performance of all Liabilities, the Bank shall have and is hereby granted a continuing lien on, a security interest in and a right of set-off against the following Collateral:

- (a) a third mortgage on the commercial property described in Exhibit "A";
- (b) an assignment of all rents, security deposits, leases and similar or related rights and interests relating to the property described in Exhibit "A";
- any and all furnishings, fixtures, fittings, building materials, equipment and other personal property of every nature whatsoever now or hereafter owned by the Borrowers and used or intended to be used in connection with the operation of the property, structures or other improvements described in Exhibit "A", including all extensions, additions, improvements, betterments, renewals, substitutions, replacements, to any of the foregoing.
- (d) all Borrower's Inventory, raw materials, work in process and supplies, whether now owned or hereafter existing, created, arising or acquired, and wherever located;
- (e) all Accounts Receivable of the Borrower, whether now or hereafter existing, created, arising or acquired;
- (f) all Proceeds and products of all of the foregoing, including, without limitation, insurance proceeds.

EXHIBIT "A"

Description of Property

Lot 6, according to the Survey of Meadow Brook Professional and Medical Center, First Sector as recorded in Map Book 17, Page 21, in the Probate Office of Shelby County, Alabama.