Shelby Cnty Judge of Probate, AL 05/06/2003 14:41:00 FILED/CERTIFIED

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Birmingham, Al. 35295 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX 1c. MAILING ADDRESS COUNTRY POSTAL CODE STATE ADD'L INFO RE 1d. TAX ID #: SSN OR EIN 1e. TYPE OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION ORGANIZATION DEBTOR NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY 2d. TAX ID #: SSN OR EIN ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION **DEBTOR** NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS POSTAL CODE STATE COUNTRY

Armstrong coil! M# YA10236D S# 6002A35678

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUY	'ER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to REC	QUEST SEARCH REPORT(S) on Debtor(s L FEE) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				

Sirmingham

4. This FINANCING STATEMENT covers the following collateral:

UCC FINANCING STATEMENT AL						
FOLLOW INSTRUCTIONS (front and back) CAREFULI 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATE		TEMENT				
9a. ORGANIZATION'S NAME						
OR L	<u></u>					
9b. INDIVIDUAL'S LAST NAME FIRST NA	AME	MIDDLE NAME, SUFFIX				
SVON	<u>ohn</u>					
0. MISCELLANEOUS:						
	<u></u>		THE ABOV	SPACE	IS FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL N	AME - insert only <u>one</u> r	name (11a or 11b) - do not abbre	viate or combine nam	es		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		TAIDDI E	NAME	SUFFIX
I ID. INDIVIDUAL S LAST NAIME		FING I INAIVIE		MIDDLE NAME		
1c. MAILING ADDRESS	<u> </u>	CITY	<u></u>	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE	OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	SANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		· [·		NON
2. ADDITIONAL SECURED PARTY'S or	ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME	1	}				
or Norrell Service	CXO	erts_				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		
10. MAII ING ADDDECO		CITY	·	CTATE	TROCTAL CODE	COLINITEN
12c. MAILING ADDRESS	_	CITY	~	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to be cu	ut or as-extracted	16. Additional collateral descr		14-1	350aa	LUST
collateral, or is filed as a fixture filing.			iption.			
4. Description of real estate:						
Shallon A	.					
Treiny Count						
U	N N					
Brandywine 1st Se	ctor					
Map Book 7						
Page 7		}				
J						
15. Name and address of a RECORD OWNER of above-descr (if Debtor does not have a record interest):	ibed real estate					
		17 Chaok anh if an diameter	nd shoots and a new tra		 	
		17. Check <u>only</u> if applicable a Debtor is a Trust or	_		roperty held in trust or	Decedent's Estate
		18. Check only if applicable a			roperty neid in trust of	Decedent's Estate
		Debtor is a TRANSMITTIN	·			
				Transaction	n effective 30 years	
		Filed in connection with a Filed in connection with a	Public-Finance Trans	saction — e	effective 30 years	