



## UCC FINANCING STATEMENT

| TIC. MAILING ADDRESS  7465 Highway 51  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  AL 35147  USA  TIC. MAILING ADDRESS  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  USA  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  USA  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  USA  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  USA  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  USA  TIC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  MIDDLE NAME  SUFFIX  TOTAL CODE  COUNTRY  NONE  20. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TOTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  CITY  STATE POSTAL CODE  COUNTRY  CITY  STATE POSTAL CODE  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FOLLOW INSTRUCTIONS                          | (front and back)             | CAREFULLY                                |                                  |                           |                         |                          |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------|------------------------------------------|----------------------------------|---------------------------|-------------------------|--------------------------|---------|
| Guy V. Martin, Jr., Esq. Martin, Rawson and Woosley, P.C. #2 Metroplex Drive, Suite 102 Birmingham, Alabama 35209  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  LAW ENTERPRISES, LLC, an Alabama limited liability company  Tib. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE  POSTAL CODE  COUNTRY  AL  35147  USA  10. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZ  | A. NAME & PHONE OF CO                        | ONTACT AT FILE               |                                          |                                  |                           |                         |                          |         |
| Martin, Rawson and Woosley, P.C. #2 Metroplex Drive, Suite 102 Birmingham, Alabama 35209  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  Ta. ORGANIZATION'S NAME  LAW ENTERPRISES, , LLC, an Alabama limited liability company  OR 16. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  16. TAX ID #: SSN OR EIN ORGANIZATION   Interpret   Interpret  | B. SEND ACKNOWLEDGI                          | VENT TO: (Nam                | e and Address)                           |                                  |                           |                         |                          |         |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  LAW ENTERPRISES, , LLC, an Alabama limited liability company  1b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  1c. MAILING ADDRESS  7465 Highway 51  1c. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION Ilimited liability company Alabama  PINONE  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  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTRY ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  CITY STATE POSTAL CODE COUNTRY  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Martin, Rawse<br>#2 Metroplex                | on and Woosl<br>Drive, Suite | 102                                      |                                  |                           |                         |                          |         |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only gage debtor name (1a or 1b) - do not abbreviate or combine names  1a. ORGANIZATION'S NAME  LAW ENTERPRISES, , LLC, an Alabama limited liability company  1b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  1c. MAILING ADDRESS  7465 Highway 51  1d. TAX ID #: SSN OR EIN ADD'L INFO RE   1e. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any ORGANIZATION   1mited liability company Alabama  PINONE  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only gag debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  CITY  STATE POSTAL CODE  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                              |                                          |                                  | THE ABOVE S               | SPACE IS FO             | R FILING OFFICE USE      | ONLY    |
| LAW ENTERPRISES, , LLC, an Alabama limited liability company  1b. INDIVIDUAL'S LAST NAME    FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. DEBTOR'S EXACT FL                         | JLL LEGAL NAME               | - insert only <u>one</u> debtor name (1a | or 1b) - do not abbreviate       |                           |                         |                          |         |
| The individual's last name individual's last   | 1                                            | •                            |                                          | *1 *4                            |                           |                         |                          |         |
| AL 35147 USA  7465 Highway 51  1d. TAX ID #: S\$N OR EIN ADD'L INFO RE ORGANIZATION  | on L                                         |                              | an Alabama limited liab                  |                                  | <del></del>               | Transfer                | \ 1 4 4 4 C              | Tourne  |
| Sterrett  AL 35147  USA  1d. TAX ID #: S\$N OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID. INDIVIDUAL S LAST IV                     | 16. INDIVIDUAL'S LAST NAME   |                                          | FIRSTNAME                        | FIRST NAME                |                         | MIDDLE NAME              |         |
| Id. TAX ID #: S\$N OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   Imited liability company Alabama   Imited liability company Alaba | 1c. MAILING ADDRESS                          |                              |                                          | CITY                             | <del></del>               | STATE                   | POSTAL CODE              | COUNTRY |
| ORGANIZATION DEBTOR limited liability company Alabama  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  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7465 Highway 51                              |                              |                                          | Sterrett                         | Sterrett                  |                         | 35147                    | USA     |
| DEBTOR Imited liability company Alabama  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  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORGANIZATION                                 |                              | 1f. JURISDICTION OF ORGANIZATION         |                                  | 1g. ORG/                  | NIZATIONAL ID #, if any | <u></u>                  |         |
| 2a. ORGANIZATION'S NAME  OR 2b. INDIVIDUAL'S LAST NAME  SUFFIX  CC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                              | limited liability compar                 | nyAlabama                        |                           | NON                     |                          |         |
| OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                              | LEGAL NAME - insert only one d           | ebtor name (2a or 2b) - c        | o not abbreviate or combi | ne names                |                          |         |
| 20. INDIVIDUAL'S LAST NAME SUFFIX  2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2a. ORGANIZATION'S NA                        | ME                           |                                          |                                  |                           |                         |                          |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OR 2b. INDIVIDUAL'S LAST NAME                |                              |                                          | FIRST NAME                       |                           | MIDDLE                  | MIDDLE NAME              |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                              |                                          |                                  |                           |                         |                          |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2c. MAILING ADDRESS                          |                              |                                          | CITY                             |                           | STATE                   | POSTAL CODE              | COUNTRY |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2d. TAX ID #: SSN OR EIN                     | ORGANIZATION                 | 2e. TYPE OF ORGANIZATION                 | 2f. JURISDICTION OF              | ORGANIZATION              | 2g. ORG                 | ANIZATIONAL ID #, if any | NONE    |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                              | TOTAL ASSIGNEE of ASSIGNOR               | S/P) - insert only <u>one</u> se | cured party name (3a or 3 | b)                      | ·                        |         |
| 3a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | ME                           |                                          |                                  |                           |                         |                          |         |
| OR 3b. INDIVIDUAL'S LAST NAME SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Alamerica Bank OR 36. INDIVIDUAL'S LAST NAME |                              | FIRST NAME                               |                                  | MIDDLE NAME               |                         | SUFFIX                   |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | <del></del>                  |                                          |                                  |                           |                         |                          |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3c. MAILING ADDRESS                          |                              |                                          |                                  |                           |                         | 1                        |         |
| P.O. Box 55269   Birmingham   AL   35255-5269   USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P.O. Box 55269                               |                              |                                          | Birmingham                       |                           | AL                      | 33233-3269               | USA     |
| 4. This FINANCING STATEMENT covers the following collateral:  All of the equipment, fixtures, contract rights, general intangibles and tangible personal property of every nature now owned or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                              |                                          |                                  |                           |                         |                          |         |

All of the equipment, fixtures, contract rights, general intangibles and tangible personal property of every nature now owned or hereafter acquired by Debtor, all additions, replacements, and proceeds thereof and all other property set forth in Schedule A attached hereto located on the real property described in Exhibit A attached hereto.

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

## **SCHEDULE A**

All interest of Debtor, whether now owned or hereafter acquired, in the rights, interests and personal property (collectively referred to as the "personal property") of any kind or nature whatsoever, whether tangible or intangible, whether or not any of such personal property is now or becomes a "fixture" or attached to the real estate described in Exhibit A, which is used or will be used in the construction of, or is or will be placed upon, or is derived from or used in connection with, the maintenance, use, occupancy or enjoyment of the said real estate and any improvements located thereon, including, without limitation, all accounts, documents, instruments, chattel paper, equipment, general intangibles, inventory, all plans and specifications, contracts and subcontracts for the construction, reconstruction or repair of the improvements located on said real estate, bonds, permits, licenses, guarantees, warranties, causes of action, judgments, claims, profits, rents, security deposits, utility deposits, refunds of fees or deposits paid to any governmental authority, letters of credit, policies and proceeds of insurance, any award of payment or compensation payable on account of any condemnation or other taking for public or private use of the said real estate or any improvements located thereon, motor vehicles and aircraft, together with all present and future attachments, accretions, accessions, replacements and additions thereto and products and proceeds thereof.

All leases, license agreements and other occupancy or use agreements (whether oral or written), now or hereafter existing, which cover or relate to all or any portion of the said real estate, together with all options therefor, amendments thereto and renewals, modifications and guarantees thereof, and all rents, royalties, issues, profits, revenue, income and other benefits of the said real estate and improvements thereon arising from the use or enjoyment thereof or from any leases, including, without limitation, cash or securities deposited thereunder to secure performance by the tenants of their obligations thereunder, whether said cash or securities are to be held until the expiration of the terms of the said leases or applied to one or more of the installments of rent coming due.

All profits and sales proceeds, including, without limitation, earnest money and other deposits, now or hereafter becoming due by virtue of any contract or contracts for the sale of any interest of Debtor in the said real estate or improvements located thereon; and

All property in which a security interest may be created pursuant to the Uniform Commercial Code (or any similar laws) of the state in which the real estate described in <u>Exhibit A</u> is located, including (inter alia) all fructus naturales, fructus civiles, and fructus industriales.

Without limiting the foregoing, all fixtures, machinery, equipment, office equipment and machines, inventory, farm products, vehicles and conveyances (including, without limitation, tractors, mowers, sweepers, snow removers, and other similar equipment), construction materials, building supplies, and articles of personal property (whether or not actually located on the real estate); including, but not limited to: heating, ventilating, humidifying and dehumidifying, air conditioning, laundry (including, without limitation, washers and dryers), incinerating, safety, power, plumbing, cleaning, fire prevention and fire extinguishing, and communications supplies, equipment, systems, and apparatus, lamps, chandeliers, and other lighting equipment and fixtures, vacuum cleaning systems, furnaces, boilers, radiators, piping, and coal stokers, plumbing and bathroom fixtures, sprinkler and alarm systems, washtubs, tanks, sinks, gas and electric fixtures, awnings, screens, window shades, storm doors and windows, ducts and compressors, rugs, carpet and other floor coverings, shades and draperies, partitions, elevators, escalators, pumps, motors, engines, conduits, dynamos, refrigerators, stoves, ranges, freezers, incinerators, kitchen equipment and appliances, and all other appliances and fittings, cabinets, shelving and lockers, plants, shrubbery and all landscaping and planting materials, and indoor and outdoor furniture and furnishings; all logos, trademarks, trade names, service marks, good will, and similar property; all books and records, statements of account, operating statements, periodic reports, balance sheets, profit and loss statements, financial statements, checkbooks, deposit receipts, and all other business and financial records and statements of all kinds; all computer time, computer runs, computer software and services, computer programs, computer apparatus and computer hardware; all televisions, radios, receivers, recorders, cables, lines, apparatus and equipment of all kinds.

All personalty and other property described in the mortgage and security agreement or deed of trust and security agreement or deed to secure debt and security agreement executed by the Debtor in favor of or for the benefit of Secured Party.

All proceeds (including claims thereto or demands therefor) of the conversion, voluntary or involuntary, permitted or otherwise, of any of the foregoing into cash or liquidated claims.

## Exhibit A

From the Northeast corner of the Northeast 1/4 of the Southeast 1/4, Section 28, Township 19 South, Range 1 East, run West along the North line of said 1/4 - 1/4 line a distance of 144.45 feet to the point of beginning; thence left 61 degrees 58 minutes 32 seconds a distance of 160.42 feet; thence right 80 degrees 49 minutes 55 seconds a distance of 60.00 feet to the East Right of Way line of Shelby County Road No. 55, thence right 90 degrees 37 minutes 13 seconds along the chord of a curve to the left a distance of 130.97 feet; thence right 70 degrees 31 minutes 24 seconds a distance of 85.00 feet to the point of beginning.