



## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

TAJABAMA GAS CORPORATION

#20 SOUTH 20TH STREET

34.45 5 Nel 161

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DESTOR'S EXACT FULL LEGAL NAME - mount unity and poblish name (in oir 1b) - do not abbreviate or committee names  The CREATMENT FOR TRAME  OR 15. INDIVIDUAL'S LAST NAME  SHAPP  THE MAILING ADDRESS  1. OO KING (HARLES IN AUBBASTER AL 350007 USA)  13. TAX TO R. SSN OR EIN ADDRESS IN THE POSTAL CODE  COUNTRY  TO TAX TO R. SSN OR EIN ADDRESS EXACT FULL LEGAL NAME - ment unity and doller name (is or 20) - do not abbreviate or contribute names  25. DISCHARLESTIANME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  11. JURISDICTION OF ORGANIZATION 12. DORGANIZATION 13. DORG	BIRMINGHAM, AL 35	5295		
TO THE MALING ADDRESS  ON KING CHARLES IN AUBASTER  TO MALING ADDRESS  ON KING CHARLES IN AUBASTER  TO TAXIDE SSN OR EN CORD. INFORE ID. TYPE OF ORGANIZATION ORG		THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
THE MALLING ADDRESS    OO KING CHARLES IN ALBERTANE STATE   POSTAL CODE   COUNTRY   U.S.A.     TIG. TAX ID F. SEN OR EIN   ALBUL INFO NE   Is. TYPE OF ORGANIZATION   IT. JURISDICTION OF ORGAN	1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		<u> </u>
TIG. MALLING ADDRESS  100 KING (HARLES IN)  A ABASTER AL 357007  USA  1d. TAX ID F. SSN OR EIN ADDIL INFO RE. 11s. TYPE OF ORGANIZATION  1s. ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insent only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insent only one debtor name (2a or 2b) - do not abbreviate or combine names  7a. ORGANIZATION SINAME  OR  2b. INDIVIDUAL'S LAST NAME  INDIVIDUAL SAST NAME  INDIVIDUAL'S LAST	1a. ORGANIZATION'S NAME			
TIE MALING ADDRESS  100 KING (HARLES IN) A MBASTER ASTATE POSTAL CODE  TIG TAX ID F. SSN OR EIN ADDIT INFO RE TIG. TYPE OF ORGANIZATION  11 JURISDICITION OF ORGANIZATION  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insen only gas delivir name (2a or 28) - do not abbreviate or combine names  7a. ORGANIZATION SINAME  OR  7b. INDIVIDUAL'S LAST NAME  FRESTNAME  FRESTNAME  FRESTNAME  FRESTNAME  INDIVIDUAL'S LAST NAME  SECURED PARTY'S NAME (2a NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - insen only gas secured party name (2a or 2b)  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S LAST NAME  FRESTNAME  FRESTNAME  FRESTNAME  INDIVIDUAL'S LAST NAME  FRESTNAME  FR	OR 45 WIDIVIDUALIS LAST NAME	FIDST NAME 1	MIDDLE NAME	SUFFIX
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100 KING (HAKLELIN ALBANIEK AL 35007 USA  10. TAXID®: SSN OR EIN   ADDLINED & TILL TYPE OF ORGANIZATION   11. JURISDICTION OF ORGANIZATION   12. ORGANIZATION   13. ORGANIZATION   13. ORGANIZATION   14. ORGANIZATION   15. O	1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ORGANIZATION DESTORS EXACT FULL LEGAL NAME insert only one debtor name (2a or 2b)—to not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  TREST TRANSCRIPTORY  TRANSCRIPTORY  TREST TREST TRANSCRIPTORY  TRANSCRIPTORY  TREST NAME  TREST	100 KING (HARIES	IN AIABASIEK	AL 35707	USA
2. ADDITIONAL DEBTORS EXACT FULL LEGAL NAME - meant only one debtor name (20 or 2b)-do not abbreviate or combine names  20. ONGANIZATION'S NAME  OR 25. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  OITY  STATE  FOSTAL CODE  COUNTRY  20. TAX ID 8°: SSN OR EIN  ORGANIZATION  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP)-insert only one secured party name (30 or 3b)  30. ORGANIZATION'S NAME  ADDITIONAL DESIGNATION  ORGANIZATION'S NAME  FIRST NAME  SOUTH STATE  FOSTAL CODE  COUNTRY  STATE  STATE  STATE  FOSTAL CODE  COUNTRY  FUT NACE > Model + GIN 80A 16 75D  3 PIECE GAS SPLIT SYSTEM  CONCLEDED SOUTH  STATE  FOSTAL CODE  COUNTRY  FUT NACE > Model + GIN 80A 16 75D  SHE SILO 3 B2 1290  COTL  MODEL - SCUIDE 3 GA - 4  SHE SILO 3 B2 1290  COTL  MODEL - C2E 3 GA - IA  SHE - 45652 - OU 4  SHE SILO 3 B2 1290  COTL  MODEL - C2E 3 GA - IA  SHE - 45652 - OU 4  SHERE FINAL CODE  SALEERANDE  SALEERANDE  SALEERANDE  ACCIDENT NON-UCCFILING  SALEERANDE  ACCIDENT NAME  SALEERANDE  ACCIDENT NAM	16. 17. 11. 11. 11. 11. 11. 11. 11. 11. 11	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	<u> </u>
28. ORGANIZATIONS NAME  OR 25. INDIVIDUAL'S LAST NAME  OR 26. INDIVIDUAL'S LAST NAME  OR 27. INDIVIDUAL'S LAST NAME  ORGANIZATION  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only one secured party name (30 or 35)  OR 38. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  OTH BIRMOCHAM  STATE POSTAL CODE  COUNTRY  4. This FINANCING STATEMENT covers the following colleteral:  FUY NACE > MICHELY GRANDE  CONCLEASING  ON 3 BY STATEMENT covers the following colleteral:  FUY NACE > MICHELY GRANDE  OTH STATEMENT COVERS the following colleteral:  FUY NACE > SUBJECT SUBJE		· 		NONE
OR 25. INDIVIDUAL'S LAST NAME    FIRST NAME	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or combine	names	
20. MAILING ADDRESS  20. TAX ID #: SSN OR EIN   ADDI: INFO RE   2e. TYPE OF ORGANIZATION   21. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, If sny ORGANIZATION   DEBTOR   D	2a. ORGANIZATION'S NAME			
20. MAILING ADDRESS  20. TAX ID #: SSN OR EIN   ADDI: INFO RE   2e. TYPE OF ORGANIZATION   21. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, If sny ORGANIZATION   DEBTOR   D	OR	TEIDET NAME	IMIDDLE NAME	SUFFIX
2d. TAX ID #: SSN OR EIN ADDIL NEC RE   2a. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, # any ORGANIZATION   DEBTOR   1000	26. INDIVIDUAL'S LAST NAME	FIRSTINAINE		
28. TAX ID #: SSN OR EIN   ADDL INFO RE   20. TYPE OF ORGANIZATION   21. JURISDICTION OF ORGANIZATION   29. ORGANIZATIONAL ID #, If any ORGANIZATION   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   ORGANIZATION   ORGANIZATION   NAME (Or NAME OF TOTAL ASSIGNEE OF ASSIGNOR SIP) - insert only one secured party name (3a of 3b)   ORGANIZATION'S NAME   ADDRESS   ORGANIZATION'S NAME   ORGANIZATION'S NAME   ORGANIZATION'S NAME   ORGANIZATION	2c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ORGANIZATION DESTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP)- insert only one secured party name (3a of 3b)  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  FIRST NAME  ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  3c. MAILING ADDRESS  ### DOSTAL CODE  COUNTRY  ### DOSTAL CODE  COUNTRY  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  STATE  POSTAL CODE  COUNTRY  ### DOSTAL CODE  COUNTRY  ### DOSTAL CODE  COUNTRY  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  INDICES  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  INDICES  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  INDICES  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  INDICES  ### ALABAMA GAS CORPORATION  OR 3d. INDIVIDUAL'S LAST NAME  INDICES  INDICES				
DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SP)-Insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME A LABAMA GAS CORPORATION  OR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  4. This FINANCING STATEMENT covers the following collateral:  FUY NACE > MCGel# GIN80A 10.75D  3 PIECE GAS SPLIT SYSTEM  CONCIENSING Unit -> McGel# SIU 10E3 (A - 4  S# SIGN 3B2 1290  COTL -> Model - C2E3 (A - 1A  S# - 45652 - 004  \$ 4.223 OD  Belove FINANCING  5. AL PERNATIVE DESIGNATION [# applicable]   Desser/Lesson   CONSIGNEE/CONSIGNOR   BAILEE/BAILOR   SELLER/BUYER   AG. LIEN   NON-UCCFILLING  5. AL PERNATIVE DESIGNATION [# applicable]   Desser/Lesson   CONSIGNEE/CONSIGNOR   BAILEE/BAILOR   SELLER/BUYER   AG. LIEN   NON-UCCFILLING	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
38. ORGANIZATION'S NAME A LABAMA CAS CORPORATION  OR 36. INDIVIDUALS LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX  3c. MAILING ADDRESS   FIRST NAME   MIDDLE NAME   SUFFIX  4. This FINANCING STATEMENT covers the following collateral:  3. PIECE GAS SPLIT SYSTEM   Fur nace > Midel # GIN80A 1075D    3. PIECE GAS SPLIT SYSTEM   GIVEN A CONTROLL OF SCUIDE 36 A - 4    3. **LECTION AND CONTROLL OF SCUIDE 36 A - 1 A    5. **LECTION AND CONTROLL OF SCUIDE SIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLESSOR   CONSIGNEE/CONSIGNOR   BALLEE/BALLOR   SELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    5. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    6. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCCFILING    6. **ALTERNATIVE DESIGNATION (if applicable): LESSELLER/BUYER   AG LIEN   NON-UCC				NONE
ALADAMA GAS COKPORATION  THE STATE POSTAL CODE COUNTRY  A THIS FINANCING STATEMENT COVERS THE FORMANCING STATE POSTAL CODE  FUR NACE > MCDELE NAME  FIRST NAME  FUR NACE > MCDELE NAME  FORTAL CODE  COUNTRY  FUR NACE > MCDELE NAME  FUR NACE > MCDELE NAME  FUR NACE > MCDELE NAME  FORTAL CODE  COUNTRY  FUR NACE > MCDELE NAME  STATE POSTAL CODE  COUNTRY  FUR NACE > MCDELE NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FUR NACE > MCDELE NAME  STATE POSTAL CODE  COUNTRY  FUR NACE > MCDELE NAME  FIRST NAME  FIRST NAME  FIRST NAME  FUR NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  MIDDLE NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  FUR NAME  MIDDLE NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDL	3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a or 3b)	)	
3c. MAILING ADDRESS #20 SOUTH 20TH STREET CITY BIRMINGHAM STATE POSTAL CODE COUNTRY  4. This Financing statement covers the following collateral:  SPIECE GAS SPLIT SYSTEM  Condensing Unit -> Model - Scuide 36, A-4  S# SI603B2 1290  COTL -> Model - C2E36-A-1A  S# - 45652-004  S. ALTER ENANCING STATEMENT to be Bridged to the Beau To Check in REDUEST SEARCH REPORT(S) on Debiting.	3a. ORGANIZATION'S NAME A A A A A A A A A A A A A A A A A A	100000ATTOX		
3. MAILING ADDRESS #20 SOUTH 20TH STREET CITY BIRMINGHAY STATE POSTAL CODE COUNTRY  4. This Financing statement covers the following collateral:  SPIECE GAS SPLIT SYSTEM  Condensing Unit -> Model - Scuioe36, A-4  S# SI603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  5. ALTERNATIVE DESIGNATION [If applicable]: LESSEFLESSOR CONSIGNER/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING  5. ALTERNATIVE DESIGNATION [If applicable]: LESSEFLESSOR CONSIGNER/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING	OR THE TOTAL TOTAL CONTROL OF THE PROPERTY OF	JUNIUM I TONY	IMIDD) E NAME	SHEEK
4. This Financing STATEMENT covers the following collateral:  3 PIECE GAS SPLIT SYSTEM  Condensing Unit   Model - Scuide 3 Lacide A - 4  S# SIGO3 B2 1290  COTL   Model - C2E36-A-1A  S# - 45652-004  \$ ALZERNATIVE DESIGNATION [if applicable]: LESSEFLESSOR CONSIGNER/CONSIGNOR BALLEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING	36. INDIVIDUAL'S LAST NAME	FIRSTINAIVIE		
#20 SOUTH 20# SIKEET BIRMINGHAM  4. This Financing STATEMENT covers the following collateral:  Furnace > Midel# GIN80A 1075D 3# 1603E 28545  CONCLETE GAS SPLIT SYSTEM  Conclensing Unit -> Model - Scuide36 A-4  S# S1603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  \$ 4.223 00 Before Finacing  5. ALTERNATIVE DESIGNATION [if applicable] LESSEFLESSOR CONSIGNER/CONSIGNOR BALLEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING	3c. MAILING ADDRESS	CITY 10 1 1 1 1 1	STATE POSTAL CODE	COUNTRY
Conclensing unit -> Model - SCUIDE36 A-4  Conclensing unit -> Model - SCUIDE36 A-4  S# SI603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  \$ 4.223'00 Before Finacing  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING	#20 SOUTH 20TH STAFFT	1 BIKMINGHAM		
Conclensing unit -> Model - SCUIDE36 A-4  Conclensing unit -> Model - SCUIDE36 A-4  S# SI603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  \$ 4.223'00 Before Finacing  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING	4. This FINANCING STATEMENT covers the following collateral:	Λ/	1,1111111111111111111111111111111111111	11/750
Conclensing unit -> Model - SCUIDE36 A-4  Conclensing unit -> Model - SCUIDE36 A-4  S# SI603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  \$ 4.223'00 Before Finacing  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING		turnace-	Maeit GINSUF	コロコロ
Conclensing unit -> Model - SCUIDE36 A-4  Conclensing unit -> Model - SCUIDE36 A-4  S# SI603B21290  COTL -> Model - C2E36-A-1A  S# - 45652-004  \$ 4.223'00 Before Finacing  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING	ODIECE CAC ODIT CUCTEM	5	F 1603E2	8545
COTL  Model - C2E36-A-1A  5# - 45652-004  \$ 4.223'00 Before FINIACING  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNER/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING  S. M. Trig FINANCING STATEMENT is to be filed (for recorded) in the REAL To Check to REQUEST SEARCH REPORT(S) on Debtor(s)	2 + 1000 CH2 2101 212101			
COTL  Model - C2E36-A-1A  5# - 45652-004  \$ 4.223'00 Before FINIACING  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNER/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING  S. M. Trig FINANCING STATEMENT is to be filed (for recorded) in the REAL To Check to REQUEST SEARCH REPORT(S) on Debtor(s)		Model-Scula	3E36A-4	
COTL  Model - C2E36-A-1A  5# - 45652-004  \$ 4.223'00 Before FINIACING  5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNER/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING  8. M. This FINANCING STATEMENT is to be filed [for recorded) in the REAL 17. Check to REQUEST SEARCH REPORT(S) on Debtor(s)	('Ondensing Unit	94 911 112	ROIO	
5# - 45652 - 004  \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		5 H 5 1605	021210	
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5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING	\$ 4.225 - Belove Find	acina/		
6 IN This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7 Check to REQUEST SEARCH REPORT(S) on Debtor(s)			SELLED/BLIVED AG LIEN	NON-LICC FILING
6. In this Financing 31A1 EMENT is to be filed [tof fecolded] in the REAL 7. Official of REGOED CERTON (570) 5000 (67 All Debtors Debtor 1 Debtor 2 [if applicable] [ADDITIONAL FEE] [optional]	6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE	AL 7. Check to REQUEST SEARCH REPORT	(S) on Debtor(s)	

8. OPTIONAL FILER REFERENCE DATA

OLLOW INSTRUCTIONS (front and I ). NAME OF FIRST DEBTOR (1a or		TEMENT				
9a. ORGANIZATION'S NAME	TD) CITICELLI II					
)R	ICIDOT MANAG	INDEDICATION CHECK				
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
0. MISCELLANEOUS:		J T [ ]				
0. WIIOOLLD (14LOOO.						
		· · · · · · · · · · · · · · · · · · ·		E SPACE IS FOR	FILING OFFICE	USE ONLY
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	riate or combine nan	nes		<u> </u>
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
14 - NATURIO ADDDECO				CTATE DOCTAL		COLINITED
I1c. MAILING ADDRESS		CITY		STATE POSTAL	- CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO		11f. JURISDICTION OF ORGAI	NIZATION	11g. ORGANIZATI	ONAL ID #, if any	
ORGANIZA DEBTOR						
2. ADDITIONAL SECURED PA	RTY'S or X ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			
A1)X MFCHA	NICAI INIC					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
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2c. MAILING ADDRESS  O(	5	CITY		STATE POSTAL	. CODE	COUNTRY
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral descri	ption:			:
collateral, or is filed as a fixture file	ng.					
4. Description of real estate:						
1.0T 40						
SPRING GA	TEESTATU					
PHASEZ						
MAPBO	OK 20					
	PC\$20					
<ol><li>Name and address of a RECORD OWN (if Debtor does not have a record interest</li></ol>						
,						
		17. Check <u>only</u> if applicable ar	nd check only one bo	0X.	<del></del>	·····
		Debtor is a Trust or			eld in trust or	Decedent's Es
		18. Check only if applicable ar				
		Debtor is a TRANSMITTING		_		
		Filed in connection with a			-	

UCC FINANCING STATEMENT ADDENDUM