NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

| | b) - do not abbreviate or combine FIRST NAME Brigh CITY Pethew If. JURISDICTION OF ORGANIZ | MIDE STA | FOR FILING OFFICE LOLE NAME | JSE ONLY SUFFIX |
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| only one debtor name (1a or 1 | EIRST NAME Brign CITY Pethow | MIDE STA | DLE NAME | SUFFIX |
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| OF ORGANIZATION 1 | Brian CITY Pethaw | STA | | |
| OF ORGANIZATION 1 | Brian CITY Pethaw | STA | | |
| OF ORGANIZATION | Pelhow | | TE POSTAL CODE | COLINITEN |
| | | (A | 1 | COUNTRY |
| | IT. JURISDIC HON OF ORGANIZ | A4 | | |
| | | ATION [1g. C | RGANIZATIONAL ID#, if an | ıy M |
| | CITY | | TE POSTAL CÓDE | COUNTRY |
| OF ORGANIZATION 2 | 2f. JURISDICTION OF ORGANIZ | ATION 2g. C | PRGANIZATIONAL ID #, if ar | ny N |
| ASSIGNEE of ASSIGNOR S/F |) - insert only <u>one</u> secured party | name (3a or 3b) | | <u> </u> |
| | EIDST NAME | IMIDI | N E NAME | SUFFIX |
| | | | | |
| . | | | | COUNTRY |
| | ASSIGNEE of ASSIGNOR S/F | CITY ASSIGNEE of ASSIGNOR S/P) - insert only one secured party Paration FIRST NAME CITY BITMING NOM eral: UGPJ- 0 SEA UER | CITY STATE FOR ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. CO ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) FIRST NAME MIDE CITY STATE BITMING NAME Peral: | CITY STATE POSTAL CODE FOR OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if an assignee of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE BITMIS NAME AL 35 Z 95 Paral: USPT- 05EA UER |

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

IMPORTANT - READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB

09/17/2003 11:32:00 FILED/CERTIFIED

| UCC FINANCING STATEMENT | | | | | | |
|---|--------------------------------------|--|------------------------|-------------|---------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RE | | MENT | | | | |
| OR | | | | | | |
| | RST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS: | 5Y)90 | | | | | |
| | | | | | | |
| | | <u> </u> | THE ABOVE | SPACE | IS FOR FILING OFFICE | E USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEG | AL NAME - insert only <u>one</u> nam | ne (11a or 11b) - do not abbrev | riate or combine name | s | | |
| OR 11b. INDIVIDUAL'S LAST NAME | F | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| 11c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TO COMMENT 11e. TO COMENT 11e. TO COMMENT 11e. TO COMMENT 11e. TO COMMENT 11e. | TYPE OF ORGANIZATION 1 | 1f. JURISDICTION OF ORGA | NIZATION | 11g. OR0 | SANIZATIONAL ID #, if any | NONE |
| 12. ADDITIONAL SECURED PARTY'S or | ASSIGNOR S/P'S | NAME - insert only <u>one</u> name | (12a or 12b) | | | · |
| 12a. ORGANIZATION'S NAME | | | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | cutinst Air to | IRST NAME | | MIDDLE | NANCE | Jenery |
| 120. INDIVIDUAL S LAST NAME | [* | -IKO I NAME | | MIDDLE | IVAME | SUFFIX |
| 12c. MAILING ADDRESS | | CITY | · <u> </u> | STATE | POSTAL CODE | COUNTRY |
| 2919 13 Ave South, Forth | | Frandale | | AL | 35210 | |
| 13. This FINANCING STATEMENT covers timber to collateral, or is filed as a planting. 14. Description of real estate: Chandalar South Dave Ridge ZM Lot I map Bron Shelbt County | Addition 18 PS 145 | 16. Additional collateral descri | ption: | | | |
| 15. Name and address of a RECORD OWNER of above- (if Debtor does not have a record interest): | | 7. Check only if applicable and Debtor is a Trust or 18. Check only if applicable and Debtor is a TRANSMITTING Filed in connection with a filed in connectio | rustee acting with res | spect to pr | | Decedent's Estate |