



UCC FINANCING STATEMENT

	LOW INSTRUCTIONS	(front and back) CAREFULLY					
A. 1	NAME & PHONE OF C	ONTACT AT FILER [optional]					
B. \$	REGIONS E 8 COMMEI 2ND FLOO	RCE STREET					
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,	TOTOD'O CVACT E			SPACE IS FO	R FILING OFFICE USI	ONLY	
. L	1a. ORGANIZATION'S N. GRAYSTONE BUIL		or 1b) - do not abbreviate or combine names				
R	1b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
lc. N	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
1	FANONI DRIVE		WETUMPKA	AL	36092-0000	USA	
d. 1	I. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION LLC		1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any		
	DDITIONAL DEBTOI	DEBTOR	AL Johnton (25 on 26)	<u> </u>	•	NON	
	DDITIONAL DEBTOR 2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST	R'S EXACT FULL LEGAL NAME - insert only one of AME		oine names MIDDLE	NAME	SUFFIX	
)R	2a. ORGANIZATION'S N	R'S EXACT FULL LEGAL NAME - insert only one of AME	lebtor name (2a or 2b) - do not abbreviate or comb		NAME POSTAL CODE		
2c. !	2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST	R'S EXACT FULL LEGAL NAME - insert only one of AME	lebtor name (2a or 2b) - do not abbreviate or comb	MIDDLE		SUFFIX	
2c. 1	2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2c. 1	2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 2 NAME of TOTAL ASSIGNEE of ASSIGNOR	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE	SUFFIX	
2c. f	2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN SECURED PARTY'S 3a. ORGANIZATION'S N	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 2 NAME 3 N	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX	
2c. 1	2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN SECURED PARTY'S 3a. ORGANIZATION'S N REGIONS BANK	ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 2 NAME 3 N	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or	MIDDLE STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY	

intangibles and accounts proceeds)

Including real estate located at Lot 34, according to the Final Plat, Grand Oaks, as recorded in Map Book 31, Page 68, in the Probate Office of Shelby County, Alabama. Taxes paid on Mortgage of even date.

بمعند							
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 [for record] (or recorded)) in the REAL (if applicable)	7. Check to RE	QUEST SEARCH REP	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8.	APTIONAL FILER REFERENCE DATA						