| | el 15/5 | 20060608000272680 1/2 Shelby Chty ludge 5 | \$31 7E |
|--|--|--|--------------------------|
| | | Shelby Cnty Judge of P 06/08/2006 03:35:59PM | robate, AL FILED/CERT |
| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| Hagasco #20 20# Street | | | |
| B'ham, 41 35395 | | | |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name | | SPACE IS FOR FILING OFFICE USE | ONLY |
| 1a. ORGANIZATION'S NAME | | | |
| OR 1b. INDIVIDUAL'S LAST NAME Branch | FIRST NAME Walter | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 724 Crossine KTE | | STATE POSTAL CODE 19. ORGANIZATIONAL ID #, if any | COUNTRY |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 11. JUNISUIC HONOR OR GRANIZATION | 19. O(O) ((12.3 (11 O) (12.12 12.13) | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only gas. ORGANIZATION'S NAME | one debtor name (2a or 2b) - do not abbreviate or comb | ine names | |
| OR 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | N 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME) 3a. ORGANIZATION'S NAME | SNOR S/P) - insert only <u>one</u> secured party name (3a or 3 | 3b) | <u> </u> |
| OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS ### Street | Bham | STATE POSTAL CODE 35295 | COUNTRY |
| 4. This FINANCING STATEMENT covers the following collateral: CKL-30 - 1 05/2268 | 667 10 Seen | | |
| CAPF030BAC 0504 | 1763593 | | |
| A 250°. | $\partial \partial$ | | |
| 25 | | | |
| | | | |
| | | | |

CONSIGNEE/CONSIGNOR

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [1. STATE RECORDS. Attach Addendum [1. STATE RECORDS. Attach

AG. LIEN

All Debtors Debtor 1

SELLER/BUYER

BAILEE/BAILOR

NON-UCC FILING

Debtor 2

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

| UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
|--|---|---------------------------|--|------------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA | TEMENT | | | |
| 9a. ORGANIZATION'S NAME | | | | |
| OR | MIDDLE NAME, SUFFIX | | | |
| Monthson Bringh In 140 | | | | |
| 10. MISCELLANEOUS: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ACE IS FOR FILING | OFFICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name of the second state of the second seco | ame (11a or 11b) - do not abbrevi | ate or combine names | | |
| | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIE | DDLE NAME | SUFFIX |
| Branch | Walter | 2 | | |
| 7711 Minachinan Kla | CITY | j , | ATE POSTAL CODE | COUNTRY |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGAN | | ORGANIZATIONAL ID | #. if any |
| ORGANIZATION DEBTOR | i i | , | | NONI |
| 2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S | NAME - insert only <u>one</u> name (| 12a or 12b) | | |
| 12a. ORGANIZATION'S NAME | n | | | |
| DR 12b. INDIVIDUAL'S LAST NAME | FIRST NAME |) MIT | DDLE NAME | SUFFIX |
| | | | | |
| 2c. MAILING ADDRESS | CITY , D | ST | ATE POSTAL CODE | COUNTRY |
| 5000 Pt Huenue N. | Dham | | 11 35a |)) |
| 3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. | 16. Additional collateral descrip | tion: | | |
| | | | | |
| 4. Description of real estate: Valley East | | | | |
| 2nd Sector Map 5 | | | | |
| and sector that s | | | | |
| Page 93 Lot 7 | | | | |
| | | | | |
| 1317 | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. Name and address of a RECORD OWNER of above-described real estate | | | | |
| (if Debtor does not have a record interest): | | | | |
| | | | | |
| | 17. Check only if applicable and Debtor is a Trust or Trust | · - | * ** ** ** * * * * * * * * * * * * * * | |
| | 18. Check only if applicable and | | τιο property neid in trus | L or Decedent's Estate |
| | Debtor is a TRANSMITTING | | | |
| | Filed in connection with a M | | | ars |
| | Filed in connection with a P | ublic Einanca Transactics | affactiva 20 vacca | |