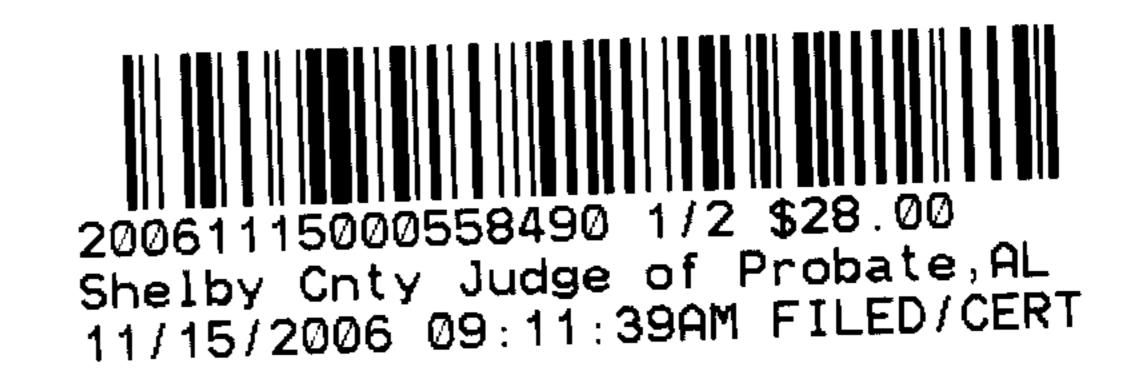
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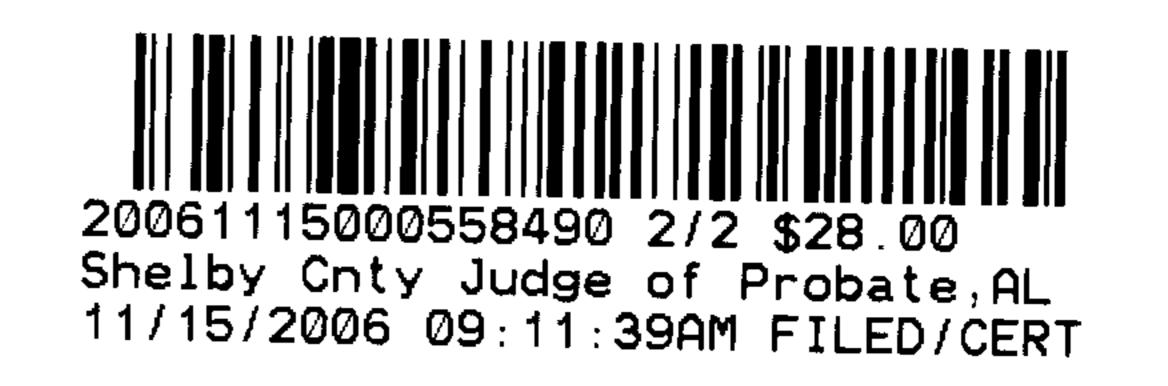


22784602

| NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294 | | | | |
|--|--|---------------|---|---------|
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| 22784602 Prepared by: | | | | |
| Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 Filed In: Alabar | ma Shelby | | | |
| | | E SPACE IS FO | R FILING OFFICE USE | ONLY |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a | or 1b) - do not abbreviate or combine names | | | |
| 1a. ORGANIZATION'S NAME EXECUTIVE REAL ESTATE GROUP LLC | | | | |
| 7 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | |
| MAILING ADDRESS 898 VALLEYDALE ROAD STE A-2 | BIRMINGHAM | STATE | POSTAL CODE 35242 | COUNTRY |
| ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR LLC | 1f. JURISDICTION OF ORGANIZATION AL | 1 - | 1g. ORGANIZATIONAL ID #, if any 481454 | |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the control of the | debtor name (2a or 2b) - do not abbreviate or co | mbine names | | |
| Za. Onganization sinaide | | | | |
| P 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| . MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| I. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | ANIZATIONAL ID #, if any | |
| 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) | | |
| 3a. ORGANIZATION'S NAME SERVISFIRST BANK | | | | |
| R 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | MIDDLE NAME | |
| | | | | |
| NAILING ADDRESS O BOX 1508 | BIRMINGHAM | STATE | POSTAL CODE 35201-1508 | COUNTRY |
| This FINANCING STATEMENT covers the following collateral: IXTURES: II equipment including, but not limited to, machinery, vehicles, fuquipment, office and record keeping equipment, parts, and tools ut such a list is not necessary to create a valid security interest in | . The Property includes any equipm | • | • | |

8. OPTIONAL FILER REFERENCE DATA

5557



| | LOW INSTRUCTIONS (front a | 1 . | · · · · · · · · · · · · · · · · · · · | | | | |
|----------------|---|--|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---|
| | | a or 1b) ON RELATED FINANCING STA | TEMENT | | | | |
| ŀ | BE ORGANIZATION'S NAME EXECUTIVE REAL ESTATE GROUP LLC | | | | | | |
| OR | | ······································ | MICOLE MANG CHICKLY | | | | |
| | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. N | MISCELLANEOUS: | | | | | | |
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| | | | | | | | |
| | | | | | | IS FOR FILING OFFI | CE USE ONLY |
| | ADDITIONAL DEBTOR'S EX 11a. ORGANIZATION'S NAME | ACT FULL LEGAL NAME - insert only one | name (11a or 11b) - do not abbre | viate or combine name | 3 5 | | |
| | | | | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | | | | | | |
| 11c. | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 114 | TAX ID #: SSN OR EIN ADD'L | INFO RE 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGA | NIZATION | 11a OR | GANIZATIONAL ID #, if a | nv |
| ı ıç. | | NIZATION | 1 | | 1 18. OIV | CANEA HOUAL ID 15, 11 6 | |
| 12. | ADDITIONAL SECURED | | NAME - insert only <u>one</u> name | /12a or 12h) | <u> </u> | · · · · · · · · · · · · · · · · · · · | NON |
| | 12a. ORGANIZATION'S NAME | | TAPERIL - IIISOIT OINY OILO HAILIO | (12001 120) | | | , , , , , , , , , , , , , , , , , , , |
| | | | | | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| 120 | MAU INIC ADDDECC | | | | STATE | POSTAL CODE | COLINITON |
| 1 2 .C. | MAILING ADDRESS | | CITY | | SIAIE | FOSTAL CODE | COUNTRY |
| 13. | This FINANCING STATEMENT co | vers timber to be cut or as-extracted | 16. Additional collateral descr | ption: |] | | |
| • | collateral, or is filed as a 🔀 fixtu | | | | | | |
| | Description of real estate: | | | | | | |
| | TURES: equipment including, | but not limited to | | | | | |
| | chinery, vehicles, fur | _ | | | | | |
| | | nt, farm machinery and | | | | | |
| _ | | nent, office and record | | | | | |
| | | ts, and tools. The Property | | | | | |
| | udes any equipment edule I give to you, b | described in a list or | | | | | |
| | | alid security interest in all | | | | | |
| | equipment. | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| .a. a | | | | | | | |
| | Name and address of a RECORD (if Debtor does not have a record in | OWNER of above-described real estate iterest): | | | | | |
| | ECUTIVE REAL EST | | | | | | |
| 489 | 4898 VALLEYDALE ROAD STE A-2 BIRMINGHAM, AL 35242 | | 17. Check only if applicable at | id check only one has | · · · · · · · · · · · · · · · · · · · | | |
| BIR | | | | | | roperty held in trust or | Decedent's Estat |
| | | | 18. Check only if applicable at | | | III III VIII | |
| | | | Debtor is a TRANSMITTIN | | | | |
| | | | Filed in connection with a | | Transactio | n — effective 30 years | |
| | | | Filed in connection with a | Public Finance Trans | action = | Santina 20 mana | |