

C FINANCING STATEMENT LOW INSTRUCTIONS (front and back) CAR NAME & PHONE OF CONTACT AT FILER [o	REFULLY				•
LOW INSTRUCTIONS (front and back) CAR NAME & PHONE OF CONTACT AT FILER [o	REFULLY				
NAME & PHONE OF CONTACT AT FILER [o					
SEND ACKNOWLEDGMENT TO: (Name and	ptional				:
SEND ACKNOWLEDGIVIENT TO: (IName and	d Address				
	u Addiess;				
DODEDTOON DANKING COMPANY					
'ROBERTSON BANKING COMPANY					
P. O. BOX 490 216 NORTH WALNUT AVENUE					
DEMOPOLIS, AL 36732					
DENIUS OLIO, AL OUTOZ					
		THE ABOVE	E SPACE IS FOR	R FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - in	sert only one debtor nam				
1a. ORGANIZATION'S NAME	TOOK ONLY ONLY				
BLUE OX FORESTRY,INC					
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS	<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY
BOX 1270		SELMA	AL	36702-1270	
TAX ID #: SSN OR EIN ADD'L INFO RE 1e.	TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	У
ORGANIZATION DEBTOR CO	RPORATION	1 AL			X NON
ADDITIONAL DEBTOR'S EXACT FULL LEG	SAL NAME - insert only o	ne debtor name (2a or 2b) - do not abb	reviate or comi	oine names	
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
					<u> </u>
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. ORGANIZATION	TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if ar	ıy
DEBTOR	<u>. </u>			····	□ NOI
SECURED PARTY'S NAME (or NAME of TO	TAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a	or 3b)		
3a. ORGANIZATION'S NAME					
ROBERTSON BANKING COMPANY					SUFFIX
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
· · · · · · · · · · · · · · · · · · ·	· ····			I SOOTAL SOOT	COLINTON
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
O. BOX 490		DEMOPOLIS	AL	36732	

8. OPTIONAL FILER REFERENCE DATA

20080326000121490 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 03/26/2008 12:07:21PM FILED/CERT

		NT ADDENDUM						
9 NAME OF FIRST DER		RELATED FINANCING STATEN	1ENT					
9a. ORGANIZATION'S		TILLIA TOTAL OTTAL					· · ·	
OR BLUE OX FORESTE	RYJINC			•				
9b. INDIVIDUAL'S LA		FIRST NAME	MIDDLE NAME, SUFFIX					
10. MISCELLANEOUS:								
11 ADDITIONAL DER	TOR'S EXACT FUL	L LEGAL NAME - insert only <u>o</u>	ne name (11a or 11b) - do			s FOR FILING OFFICE names	CE USE ONLY	
11a. ORGANIZATION		C CCCAL TOTAL MISSING						
OR 11b. INDIVIDUAL'S I	AST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
11c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
11d. TAX ID #: SSN OR E	IN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR0	GANIZATIONAL ID #, if	any X NONE	
12. ADDITIONAL 12a. ORGANIZATION	SECURED PARTY	'S <u>or</u> ASSIGNOR S/P	'S NAME - insert only <u>on</u>	<u>e</u> name (12a or 12	2b)			
. IZa. UNUANIZATIOI	T O TVAIVAL							
OR 12b. INDIVIDUAL'S I	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX	
12c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
13. This FINANCING STA	TEMENT covers X ti	mber to be cut or as-extracted	16. Additional collateral descri	ription:				
collateral, or is filed a								
14. Description of real est		OCATED ALL INITUE NIM 1/4 OF						
SE 1/4, NE 1/4 OF SE 1	14, SW 1/4 OF SE 1/4	OCATED ALL IN THE NW 1/4 OF AND SE 1/4 OF SE 1/4 OF 4 OF NE 1/4 OF SECTION 22;						
	TION 23, ALL IN TOV	VNSHIP 21 SOUTH, RANGE 4					professional and the second se	
							••· , •	
							:	
	a RECORD OWNER of ave a record interest):	above-describedreal estate					in of	
SWF BIRMINGHAM, LL	C				<u>.</u>			
			17. Check <u>only</u> if applicable Debtor is a Trust or			property held in trust or	Decedent's Estate	
		18. Check <u>only</u> if applicable and check <u>only</u> one box. Debtor is a TRANSMITTING UTILITY						
			Filed in connection with	a Manufactured-Hom			1 Sec. 2	
			Filed in connection with a Public-Finance Transaction effective 30 years					