\$		



CC FINANCING STAT LLOW INSTRUCTIONS (front and NAME & PHONE OF CONTACT SEND ACKNOWLEDGMENT TO ROBERTSON BANKING COM	back)						
NAME & PHONE OF CONTACT SEND ACKNOWLEDGMENT TO		(ARFELLIA					
ROBERTSON BANKING COM	(Name	e and Address)					
ROBERTSON BANKING COM							
P. O. BOX 490	IPANY						
216 NORTH WALNUT AVEN	UE						
DEMOPOLIS, AL 36732							
			THE ABO	VE SPACE IS FOR	R FILING OFFICE USE	ONLY	
	NAME	: - insert only <u>one</u> debtor na	me (1a or 1b) - do not abbreviate or co	ombine names			
1a. ORGANIZATION'S NAME BLUE OX FORESTRY,INC							
1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
BOX 1270 TAX ID #: SSN OR EIN ADD'L I	NFO RE	1e. TYPE OF ORGANIZATION	SELMA 1f. JURISDICTION OF ORGANIZATION	AL 1g. ORG	36702-1270 ANIZATIONAL ID #, if any	/	
ORGAN DEBTOR		CORPORATION	i AL	, - [X NON	
ADDITIONAL DEBTOR'S EXAC	T FULL	LEGAL NAME - insert only	one debtor name (2a or 2b) - do not ab	bbreviate or comb	oine names		
2a. ORGANIZATION'S NAME				•			
R 2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
. TAX ID #: SSN OR EIN ADD'L I	NFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2a. ORG	ANIZATIONAL ID #, if any	<u> </u>	
	ZATION			- g. 0110 	runeri riorita de la la como		
SECURED PARTY'S NAME (or	NAME o	of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only <u>one</u> secured party name (3	a or 3b)			
3a. ORGANIZATION'S NAME	k I V/					•	
ROBERTSON BANKING COMPA 36. INDIVIDUAL'S LAST NAME	NY		FIRST NAME	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
. O. BOX 490			DEMOPOLIS	AL	36732		

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20080421000160450 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 04/21/2008 12:30:54PM FILED/CERT

FOLLOW INSTRUCTIONS (front and back)						
9. NAME OF FIRST DEBTOR (1a or 1b) ON		MENT				
9a. ORGANIZATION'S NAME	<u> </u>					
OR BLUE OX FORESTRY,INC						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
			THE ABOVE	SPACE	IS FOR FILING OFFIC	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only c	<u>ne</u> name (11a or 11b) - do	not abbreviate or	combine	e names	
11a. ORGANIZATION'S NAME						
OR						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	. ,	MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE	11. TYPE OF OPCIANIZATION	114 HIDIODICTION OF ODCA	NUZATIONI	44 000		
ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	INIZATION	Tig. ORC	SANIZATIONAL ID #, if a	
DEBTOR 10 [A DESTINATION AT CECULEED DARTY	ACCICNOD C/F	10 10 1				L X NONE
12. ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	S or ASSIGNOR S/P	'S NAME - insert only <u>one</u>	e name (12a or 12	(b)	- · · · · · · · · · · · · · · · · · · ·	
OR' 126. INDIVIDUAL'S LAST NAME		FIRST NAME	······································	MIDDLE I	NAME	SUFFIX
12c. MAILING ADDRESS	,	CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers X ti	mber to be cut or as-extracted	16. Additional collateral descr	iption:		- 	
collateral, or is filed as a fixture filing.						
14. Description of real estate:						
COMPARTMENT P-2, SECTION 32, TOWNSH	IP 21 SOUTH, RANGE 2 WEST,					
SHELBY CO., AL.						
						•••
15. Name and address of a RECORD OWNER of	above-describedreal estate					×. •
(if Debtor does not have a record interest):						
ALABAMA POWER COMPANY			-·-			
		17. Check only if applicable a				
		Debtor is a Trust or T	rustee acting with res	spect to pi	roperty held in trust or [Decedent's Estate
		18. Check only if applicable a				
		Debtor is a TRANSMITTI				
		Filed in connection with a				•
		Filed in connection with a	a Public-Finance Trans	saction e	effective 30 years	