5h 28.00 1500 43.00



20090526000197910 1/2 \$43.00 Shelby Cnty Judge of Probate, AL 05/26/2009 02:29:27 PM FILED/CERT

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A. NAME & PHONE OF CONTACT AT FILER [optional]

1a. ORGANIZATION'S NAME			CHECK
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	Birmin 9 ham	STATE POSTAL CODE Ah 35242	COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de la company	ebtor name (2a or 2b) - do not abbreviate or combine	names	
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S LAST NAME	S/P) - insert only <u>one</u> secured party name (3a or 3b) FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers the following collateral:	BITMINGAL	Al 3574	
2 2 10 4	G 7/ MM	6 7/ = 0556	-09/
	925/2 A FINE		
3 Jan		2016 = D	
	AC CONDENSEL		

8. OPTIONAL FILER REFERENCE DATA

JCC FINANCING STATE OLLOW INSTRUCTIONS (front and ba				
NAME OF FIRST DEBTOR (1a or 1		TATEMENT		
9a. ORGANIZATION'S NAME				
PR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME /	MIDDLE NAME,SUFFIX		
	BRICH			
0. MISCELLANEOUS:				
		•		
		THE	ABOVE SPACE IS FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only or	ne name (11a or 11b) - do not abbreviate or com	bine names	
11a. ORGANIZATION'S NAME				
OR ALL INIBILIALIS LAST MARK		FIRST NAME	MIDDLE NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAIVIE	IVIIDULE IVAIVIL	
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
189 1010005	- CRRK	BIMINGHIM	11 35712	
11d. TAX ID #: SSN OR EIN ADD'L INFO			11g. ORGANIZATIONAL ID #, if a	ny
ORGANIZAT DEBTOR	ION		<u> </u>	N
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/F	P'S NAME - insert only one name (12a or 12b	o)	
12a. ORGANIZATION'S NAME	1995	In the state		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		/		
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
	Comment to	TO CAMBOAN	1 11 -3 36-1	<u>('</u>
13. This FINANCING STATEMENT covers	timber to be cut or as-extracte	ed 16. Additional collateral description:		
collateral, or is filed as a fixture filin 14. Description of real estate:	ig.			
10-1-4	2 0 10			
1/0/10/15				
May Bon				
As least to				
100 m				
	Ţ.			
	19			
- JAZA 12:36				
15. Name and address of a RECORD OWN				
(if Debtor does not have a record interest	*J•			
		17 Chook only if annihable and also de-	dy one boy	
		17. Check only if applicable and check on Debtor is a Trust or Trustee acti	ing with respect to property held in trust or	Decedent's Est
		18. Check only if applicable and check on		
		Debtor is a TRANSMITTING UTILITY		
		Filed in connection with a Manufacture	ed-Home Transaction — effective 30 years	
		Filed in connection with a Public-Finar	nce Transaction — effective 30 years	