| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | Shelby Cnt | 0309470 1/1 \$28.0 y Judge of Proba 08:39:04 AM FILE | 00 te, AL |
|--|---|--------------------------|--|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Erin Terrell, ServisFirst Bank P O Box 1508 Birmingham, Alabama 35201-1508 | | | | |
| | THE ABOVE S | SPACE IS FOR | | |
| 1 DERTOR'S EXACT FULL LEGAL NAME - insert only one debtor na | | | R FILING OFFICE USE | ONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor na 1a. ORGANIZATION'S NAME | | | R FILING OFFICE USE | ONLY |
| 1a. ORGANIZATION'S NAME IFRO INC | | | R FILING OFFICE USE | ONLY |
| | | | | SUFFIX |
| 1a. ORGANIZATION'S NAME JEBCO, INC. | me (1a or 1b) - do not abbreviate or comb | ine names | | |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS | FIRST NAME | MIDDLE STATE | NAME POSTAL CODE | SUFFIX |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 321 APPLEGATE PKWY SUITE E 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 19. TYPE OF ORGANIZATION | me (1a or 1b) - do not abbreviate or comb | MIDDLE STATE AL | NAME | SUFFIX COUNTRY USA |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 321 APPLEGATE PKWY SUITE E | FIRST NAME CITY PELHAM | MIDDLE STATE AL | NAME POSTAL CODE 35124 | SUFFIX COUNTRY USA |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 321 APPLEGATE PKWY SUITE E 1d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION Corporation DEBTOR | FIRST NAME CITY PELHAM 1f. JURISDICTION OF ORGANIZATION Alabama | MIDDLE STATE AL 1g. ORGA | POSTAL CODE 35124 ANIZATIONAL ID #, if and | SUFFIX COUNTRY USA |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 321 APPLEGATE PKWY SUITE E 1d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION Corporation DEBTOR | FIRST NAME CITY PELHAM 1f. JURISDICTION OF ORGANIZATION Alabama | MIDDLE STATE AL 1g. ORGA | POSTAL CODE 35124 ANIZATIONAL ID #, if and | SUFFIX COUNTRY USA |
| 1a. ORGANIZATION'S NAME JEBCO, INC. 1b. INDIVIDUAL'S LAST NAME 1c. MAILING ADDRESS 321 APPLEGATE PKWY SUITE E 1d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION Corporation DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only | FIRST NAME CITY PELHAM 1f. JURISDICTION OF ORGANIZATION Alabama | MIDDLE STATE AL 1g. ORGA | POSTAL CODE 35124 ANIZATIONAL ID #, if and | SUFFIX COUNTRY USA |

| 3b. INDIVIDUAL'S LAST NAME | Bb. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | | SUFFIX |
|----------------------------|---|--------------------------------------|-------------|-----------------------|---------|
| | | | | | |
| 3c. M | AILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| P C |) Box 1508 | Birmingham | AL | 35201-1508 | USA |
| 4. Thi | s FINANCING STATEMENT covers the following collateral: Goods consisti | ng of all building supplies and mate | rials an | d all drawings, bluep | rints, |
| plans | s, specifications and other printed or written documents | and papers describing or concerning | g the co | nstruction and design | of any |
| | ovements completed, to be constructed, or in the proces | | | | |
| OF 7 | THE VILLAGE OF WESTOVER, SECTOR 1, AS RE | CORDED IN MAP BOOK 39, PA | GE 9 A | & B, IN THE PRO | BATE |
| OFF | ICE OF SHELBY COUNTY, ALABAMA. | | | | |

CITY

2f. JURISDICTION OF ORGANIZATION

| 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNE | E/CONSIGNOR BAILEE/BAILOR | SELLER/BUYER | ☐ AG. LIEN | ☐ NON-UCC FILING |
|--|--|----------------------|-------------|-------------------|
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 8. OPTIONAL FILER REFERENCE DATA | 7. Check to REQUEST SEARCH REPORT [ADDITIONAL FEE] | RT(S) on Debtor(s) [| All Debtors | Debtor 1 Debtor 2 |
| 9962 | | | | |

POSTAL CODE

2g. ORGANIZATIONAL ID #, if any

STATE

COUNTRY

NONE

ADD'L INFO RE 2e. TYPE OF ORGANIZATION

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

ORGANIZATION

DEBTOR

2c. MAILING ADDRESS

2d. TAX ID #: SSN OR EIN

3a. ORGANIZATION'S NAME

ServisFirst Bank