
## Shelby Cnty Judge of Probate, AL 01/29/2010 02:31:48 PM FILED/CERT

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818)	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	20325 RBC BANK (USA)
CT Lien Solutions	21422387
P.O. Box 29071	A 1 A 1
Glendale, CA 91209-9071	ALAL FIXTURE
File with: CC AL	Shelby, AL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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I. DI			insert only one_debtor name (1	a or 1b) - do not abbreviate or combine nar	1103		
	1a. ORGANIZATION'S N		O				
	Birmingham Alle	rgy & Asthma	Specialists, P.C.				
R				FIRST NAME	MIDDLE	MIDDLE NAME	
	1b. INDIVIDUAL'S LAST	NAME		1 1/3/14/3/12			SUFFIX
ic. N	c. MAILING ADDRESS		CITY	STATE POSTAL CODE		COUNTRY	
3125 Independence Dr Ste 210		Birmingham	AL	35209	USA		
	EE MOTOMOTIONS	ADDII INCO DE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1a ORG	ANIZATIONAL ID #, if an	
id. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION			246-		, 
		DEBTOR	CORPORATION	AL AL	240-		NONE
<u> </u>	DDITIONAL DERTOR	'S EXACT FILL LE	GAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate	or combine na	mes	
	,	···-					
	2a. ORGANIZATION'S N	NAME					
)R							SUFFIX
JΚ	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
	A D D D D D D D D D D D D D D D D D D D	······		CITY	STATE	TPOSTAL CODE	COUNTRY
2C. IV	IAILING ADDRESS				0.7.12	00,712,002	
2d. S	SEE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	SANIZATIONAL ID #, if an	y
-		ORGANIZATION					NONE
	·	DEBTOR	TOTAL 10010NEE (10010NI	2D C/D) in a set ambiguous accourage partitions	ma (2a ar 2h	\	
3. S			TOTAL ASSIGNEE OF ASSIGNO	OR S/P) - insert only o <u>ne</u> secured party na	ine (sa oi so	<u> </u>	
	3a. ORGANIZATION'S N						
	RBC Bank (USA	<del>*)</del>					
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFI			
	So. INDIVIDORE G ERIOT	TWO STATES					
				- · · · · · · · · · · · · · · · · · · ·		T DOOTAL CODE	
3c. MAILING ADDRESS		CITY Pocky Mount	STATE	POSTAL CODE	COUNTRY		
Ler	nding Service Ce	nter P O Box 1	220	Rocky Mount	NC	27804	034
				<u> </u>			

4. This FINANCING STATEMENT covers the following collateral:

All Assets of Debtor of every description whether now or hereafter existing or acquired, including but not limited to new and used equipment, parts, furniture, fixtures, tools, and all accessories and equipment used in connection therewith and all proceeds thereof and all inventory of every description maintained in the conduct of debtor's business and all proceeds thereof & all invoices, accounts receivable, accounts, contract rights, general intangibles, chattel paper, documents thereby & all proceeds thereof of the debtor's business whether now or hereafter existing or acquired & all returned or Complete only when filling with the Judge of Probate:

The initial indebtedness secured by this financing statement is \$200,000.00

Nortgage tax due (\$.15 per \$100.00 or fraction thereof) \$300.00

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5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESS	OR CONSIGNEE/CONSIGNOR BAILEE/BAI	LOR SELLER/BUYER AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [for record] (or respectively)  ESTATE RECORDS. Attach Addendum	ecorded) in the REAL. 7. Check to REQUEST SEARCH	H REPORT(S) on Debtor(s) [optional] All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
21422387		1217	

20100129000029200 2/2 \$328.00 Shelby Cnty Judge of Probate, AL 01/29/2010 02:31:48 PM FILED/CERT

FINANCING STATEMI	ENT ADDENDUM			4-701.40 FII F	ILED/CERI
9. NAME OF FIRST DEBTOR (1a or 1b		MENT			
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS					
21422387-AL-117					
20325 RBC BANK (USA)					
File with: CC AL Shelby, AL 12	17				
			ABOVE SPACE IS FO	R FILING OFFICE US	EONLY
11. ADDITIONAL DEBTOR'S EXACT F  11a. ORGANIZATION'S NAME	ULL LEGAL NAME - insert only one_	name (11a or 11b) - do not abbreviate	e or combine names	· · · · · · · · · · · · · · · · · · ·	<del></del>
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZA DEBTOR		11f. JURISDICTION OF ORGANIZATIO	N 11g. OR	JGANIZATIONAL ID #, i	if any NONE
12 ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/P's N	NAME - insert only one name (12a or	12b)		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	ng. timber to be cut or as-extracted	16. Additional collateral description:			
14. Description of real estate:					
Description: 7191 Cahaba Val 35242 and 3125 Independence 35209					
15. Name and address of a RECORD OWNER (if Debtor does not have a record interes					
		17. Check only if applicable and check only			
		Debtor is a Trust or Trustee ac		erty held in trust or	Decedent's Estate
		18. Check <u>only</u> if applicable and check only			
		Debtor is a TRANSMITTING UTILITED  Filed in connection with a Manufact			
		Filed in connection with a Public-Fire			