

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	(front and back)	CAREFULLY		· .							
A. NAME & PHONE OF CO CLINTICE M LO		. • •		•							
B. SEND ACKNOWLEDGE											
UNION STAT	E BANK										
P O BOX 647											
PELL CITY, A	AL. 35125										
						SPACE IS FO	R FILING	OFFICE US	SE ONLY	 	
1. DEBTOR'S EXACT FU	· · · · · · · · · · · · · · · · · · ·	E - insert only <u>one</u> debtor	name (1a o	r 1b) - do not abbreviate	or combine names		 				
RED MOUNT		JG INC									
OR 16. INDIVIDUAL'S LAST N			FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE I	NAME:		SUFF	IX		
ID. HADIARDONE O ENOT MARKE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1c. MAILING ADDRESS				СПҮ	STATE	TE POSTAL CODE COU		COUN	NTRY		
1955 MCCAIN PARKWAY				PELHAM		AL	35125	25 USA			
1d. TAX ID #: SSN OR EIN	TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION			1f. JURISDICTION OF	ORGANIZATION	1g. ORGA	1g. ORGANIZATIONAL ID #, if any				
63-0913605	ORGANIZATION DEBTOR	CORPORATIO	N	ALABAMA		i I				NONE	
2. ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert	only <u>one</u> de	btor name (2a or 2b) - do	not abbreviate or comb	oine names					
2a. ORGANIZATION'S NA	ME	- · · ·							· · · · · ·		
OR	·	- 1. L ·							· · · · · · · · · · · · · · · · · · ·	 	
2b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	MIDDLE NAME		SUFF	:IX	
						· ·				·	
2c. MAILING ADDRESS				CITY		STATE	STATE POSTAL CODE			NTRY	
2d TAY ID # CCN OD EIN	JADDIL INCO DE	TOTAL TARREST OF OF OF ONE	ATION	OK ILIDICOLOTION OF	ODGANIZATION	0000	1			 	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION				2f. JURISDICTION OF	J2g. ORG/	2g. ORGANIZATIONAL ID #, if any					
	DEBTOR									NONE	
3. SECURED PARTY'S 3a. ORGANIZATION'S NA		ST TOTAL ASSIGNEE OF A	ASSIGNOR	S/P) - insert only <u>one</u> sec	ured party name (3a or	3b)					
UNION STAT	E BANK										
OR 3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX			IX	
3c. MAILING ADDRESS				СПҮ				ODE	cour	NTRY	
P O BOX 647				PELL CITY		AL	35125		USA		
4. This FINANCING STATEME	NT covers the foliov	ving collateral:									
ALL FURNITUR	E FIXTURE	S EOUPMENT	ANDI	NVENTORY M	AINTAINEDI	N THE CO	NDHCT	OF DE	RTORIS		
BUSINESS KNO		-									
AL. 35124 OR W										•	
AND ALL ACCO								_		•	
GENERAL INTA							-		-		
ARISING.											
				st # 2010							
FILED SIMU	JLTANEOU	JSLY WITH	MORT	GAGE BOOK	<u> </u>	PAG	E				
5 ALTERNATIVE DESIGNATI	ON lif applicable	I ESSEEN ESSON	COMO	CNEE/CONSIGNOR	DAIL CE/DAIL CO		N/ED	40.41511			
5. ALTERNATIVE DESIGNATION 6. This FINANCING STATE	MENT is to be filed		in the REAL	1 7 *	BAILEE/BAILOR JEST SEARCH REPO		(s)	AG. LIEN		CCFILING	
8. OPTIONAL FILER REFEREI	Attach Addendum ICE DATA		[if applica	ble] [ADDITIONAL	FEE)	[optional]	Alt	Debtors	Debtor 1	Debtor 2	
G											