UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

20101115000382240 1/2 \$32.60 Shelby Cnty Judge of Probate, AL 11/15/2010 01:25:27 PM FILED/CERT

| HLAGASCO #20 South 20 5 | | | |
|--|--|---------------------------------|---------|
| #20 South 20 5 | 51,001 | | |
| Birmingham AL 353 | 195 | | |
| | | | |
| 4 DEDTODIC EVACTEUR LEGAL MANE | | ACE IS FOR FILING OFFICE US | EONLY |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a organization's name) | or 1b) - do not abbreviate or combine names | | |
| OR 1b. INDIVIDUAL'S LAST NAME • | CIDOT NAME | MIDDLE NAME | SUFFIX |
| 10. INDIVIDUALS LAST NAIVIE | FIRST NAME | INTIDDEE NAIVIE | JOFFIX |
| 10. MAILING ADDRESS 10. MAILING ADDRESS 1303 Whield Away Creck | e Helewa | STATE POSTAL CODE 44 35080 | COUNTRY |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE O ORGANIZATION ORGANIZATION OEBTOR | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one | debtor name (2a or 2b) - do not abbreviate or combine | names | ITTOTAL |
| 2a. ORGANIZATION'S NAME | | | |
| OR 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO | R S/P) - insert only one secured party name (3a or 3b) | | |
| 3a. ORGANIZATION'S NAME A LAMA LAM | DOCATION | | |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS | CITY | STAJE POSTAL CODE | COUNTRY |
| 420 South 20 "Street | BLRMINGLAM | 1 35795 | 45 |
| 4. This FINANCING STATEMENT covers the following collateral: | | | |
| | - CLNACE | | |
| gu, on BTU's | | | |
| M# 129510 | 390C-25 | 3 | |
| 5# KGD09. | 1105530 | | |
| | | | |

CONSIGNEE/CONSIGNOR

_Debtor 1

NON-UCC FILING

Debtor 2

AG. LIEN

All Debtors

SELLER/BUYER

BAILEE/BAILOR

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)
[ADDITIONAL FEE] [optional]

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

| UCC FINANCING STATEMENT ADDENDU FOLLOW INSTRUCTIONS (front and back) CAREFULLY | M | | | |
|--|--|------------------------------|---------------------------|---------------------------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S | STATEMENT | | | |
| 9a. ORGANIZATION'S NAME | | | | |
| OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| WOLF | 1 | | | |
| 10. MISCELLANEOUS: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 44 ADDITIONAL DEPTODIO ENVACE EL ULA DECLA ALCONOMICA | Ţ | | E IS FOR FILING OF | ICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only o | ne name (11a or 11b) - do not abbrevi | ate or combine names | | |
| | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDI | E NAME | SUFFIX |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGAN | IZATION 11a C | PGANIZATIONAL ID # if | |
| ORGANIZATION DEBTOR | | 1119. U | RGANIZATIONAL ID #, if | |
| | P'S NAME - insert only <u>one</u> name (| 12a or 12b) | ·= - · | NONE |
| 12a. ORGANIZATION'S NAME | / . | | | |
| OR CROSS HEALING | Air LLC | | · | <u> </u> |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDL | E NAME | SUFFIX |
| 12c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| P.O. Box 164 | HOLDWA | 4 | 35080 | 1 45 |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracted | ed 16. Additional collateral descrip | tion: | | |
| collateral, or is filed as a fixture filing. 14. Description of real estate: | | | | |
| 14. Description of real estate. | | | | |
| | | | | |
| Lot 56 Dearing Downs 1 ST Addition | | | | |
| Daules 1 STALLE | | | | |
| | | | | |
| M.B. 6 / P141 Shelly Co., AL. | | | | |
| | | | | |
| Dhelly (o., M. | | | | |
| | | | | |
| | | | | |
| 15. Name and address of a RECORD OWNER of above-described real estate | | | | |
| (if Debtor does not have a record interest): | | | | |
| | | | | |
| | 17. Check only if applicable and | check only one box. | | · · · · · · · · · · · · · · · · · · · |
| | | ustee acting with respect to | property held in trust or | Decedent's Estate |
| | 18. Check <u>only</u> if applicable and | | | |
| | Debtor is a TRANSMITTING I | | - #1' - 00 | |
| | Filed in connection with a Ma | | | |
| | Conficult with a r t | Triango Tangaulium | Undouve do years | |