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| la or 1b) - do not abbreviate or combine names              | <del></del>  |  | <u> </u>  |
| · <u>·</u> ··································               |  |  |   |
| FIRST NAME  | MIDDLE NA  | AME  | SUFFIX  |
| CITY  | STATE  | POSTAL CODE  | COUNTRY   |
| Birmingham  | ·  |  | USA   |
| 11. JURISDICTION DEADRGANIZATION                            | 1g. ORGAN  | IIZATIONAL ID #, if any  | □NC   |
| debtor name (2a or 2b) - do not abbreviate or comb          | ine names  |  |   |
| FIRST NAME  | MIDDI E NA   | ME   | TSUFFIX   |
|   |  | **************************************   | 30111   |
| CITY  | STATE F  | POSTAL CODE  | COUNTRY   |
| 2f. JURISDICTION OF ORGANIZATION                            | 2g. ORGAN  | IZATIONAL ID #, if any   | Пис   |
| R S/P) - insert only <u>one</u> secured party name (3a or 3 | 3b)  |  |   |
| / n   |  |  |   |
| FIRST NAME  | MIDDLE NAME  |  | SUFFIX  |
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|   | FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  PRESENT NAME  CITY  2f. JURISDICTION OF ORGANIZATION  PRESENT NAME  CITY  2f. JURISDICTION OF ORGANIZATION  PRESENT NAME  CITY  STREET NAME  CITY  AND THE STREET NAME  CITY  STREET NAME  CITY  C | FIRST NAME    STATE   STATE   STATE   STATE   SI PRINCE   PROPERTY   PROPERTY | FIRST NAME  CITY  STATE POSTAL CODE  AL 35342  If JURISDICTION DE ORGANIZATION  Gebtor name (2a or 2b) - do not abbreviate or combine names  FIRST NAME  MIDDLE NAME  CITY  STATE POSTAL CODE  2f. JURISDICTION OF ORGANIZATION  2g. ORGANIZATIONAL ID #, if any  DR S/P) - insert only one secured party name (3a or 3b)  CITY  FIRST NAME  MIDDLE NAME  CITY  STATE POSTAL CODE  STATE POSTAL CODE  STATE POSTAL CODE  CITY  STATE POSTAL CODE  STATE POSTAL CODE  AL 35295 |



| UCC FINANCING STATEMENT AD  |   |   |                           |  |  |  |
|---|---|---|---------------------------|--|--|--|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED   |   |   |                           |  |  |  |
| 9a. ORGANIZATION'S NAME   |   |   |                           |  |  |  |
| OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME Matter   |   |   |                           |  |  |  |
| 10. MISCELLANEOUS:  |   |   |                           |  |  |  |
|   |   |   |                           |  |  |  |
|   |   |   |                           |  |  |  |
|   |   |   |                           |  |  |  |
|   |   |   |                           |  |  |  |
|   |   | THE ABOVE SPACE   | CE IS FOR FILING OFF      | ICE USE ONLY                                 |  |  |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NA   | ME - insert only <u>one</u> name (11a or 11b) - do not abbrev |   |                           |  |  |  |
| 11a. ORGANIZATION'S NAME  |   |   |                           |  |  |  |
| OR 11b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDD  | LE NAME                   | SUFFIX                                       |  |  |
|   | OITV  | STAT  | E POSTAL CODE             | COUNTRY                                      |  |  |
| 11c. MAILING ADDRESS  | CITY  | SIAI  | E POSTAL CODE             | COOMIN                                       |  |  |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE O ORGANIZATION DEBTOR                           | F ORGANIZATION 11f. JURISDICTION OF ORGAN                     | NIZATION 11g. (   | DRGANIZATIONAL ID #, if a | any  |  |  |
| · — · · · · · · · · · · · · · · · · · ·   | SSIGNOR S/P'S NAME - insert only one name                     | (12a or 12b)  |                           | <u>.                                    </u> |  |  |
| 12a. ORGANIZATION'S NAME  Standand Her + Ac   |   |   |                           |  |  |  |
| 12b. INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDD  | LE NAME                   | SUFFIX                                       |  |  |
| 12c. MAILING ADDRESS  | CITY  | STAT  | E POSTAL CODE             | COUNTRY                                      |  |  |
| 520 Sth St, S.  | Birmineha   | m A(  | _ 35233                   | USA  |  |  |
| 13. This FINANCING STATEMENT covers timber to be cut collateral, or is filed as a fixture filing. | or as-extracted 16. Additional collateral descri              | iption:   |                           |  |  |  |
| 14. Description of real estate:   |   |   |                           |  |  |  |
| Lot 227 Eagle Pa  | int   |   |                           |  |  |  |
| 2 nd Sector, Phase  | 1   |   |                           |  |  |  |
| Map. 19 p. 6.   |   | 20101202000402850 2/2 \$32.30<br>20101202000402850 2/2 \$32.30  |                           |  |  |  |
|   | 2010<br>She   | 1202000402850 2/2<br>1202000402850 2/2<br>1by Cnty Judge of F<br>02/2010 01:06:09 Pt  | M FILED/CERT              |  |  |  |
| Shelby  | 12/1  | 02/2010   |                           |  |  |  |
| $C_{c}$   |   |   |                           |  |  |  |
| 15. Name and address of a RECORD OWNER of above-describ   | ped real estate   |   |                           |  |  |  |
| (if Debtor does not have a record interest):  |   |   |                           |  |  |  |
|   | 17. Check only if applicable as                               | 17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate |                           |  |  |  |
|   |   |   |                           |  |  |  |
|   |   | Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years                                       |                           |  |  |  |
|   | Filed in connection with a                                    |   |                           |  |  |  |
|   | Filed in connection with a                                    | Filed in connection with a Public-Finance Transaction — effective 30 years  |                           |  |  |  |