

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST NAME CITY 1f. JURISDICTION OF ORGANIZATION btor name (2a or 2b) - do not abbreviate or comb		POSTAL CODE 35134 ANIZATIONAL ID #, if any	COUNTR
1f. JURISDICTION OF ORGANIZATION	1g. ORGA	35124	countr
1f. JURISDICTION OF ORGANIZATION	1g. ORGA	35124	Je
		ANIZATIONAL ID #, if any	
otor name (2a or 2b) - do not abbreviate or comb	ine names		
otor name (2a or 2b) - do not abbreviate or comb	ine names		
			· · · · · · · · · · · · · · · · · · ·
FIRST NAME	MIDDLE NAME		SUFFIX
CITY	STATE	POSTAL CODE	COUNTR
Of HIDIODICTION OF COCAMIZATION			
2f. JURISDICTION OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	
\(\frac{1}{1}\)			
• Insert only <u>one</u> secured party haine (3a or 3	DD)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
0004;00			
FIRST NAME	MIDDLE NAME		SUFFIX
CITY	STATE	POSTAL CODE	COUNTR
	1		- COUNTR
	アー	JO JOY J	<u>)</u>
a a solo Ficoco	· <i>(</i> 1		
	2f. JURISDICTION OF ORGANIZATION 6/P) - insert only one secured party name (3a or 3) FIRST NAME CITY	2f. JURISDICTION OF ORGANIZATION 2g. ORGA S/P) - insert only one secured party name (3a or 3b) FIRST NAME MIDDLE I CITY STATE	2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any S/P) - insert only one secured party name (3a or 3b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE A 3 5 3 9 5

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

Shelby Cnty Judge of Probate, AL 12/29/2010 10:50:38 AM FILED/CERT UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY STATE CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11f. JURISDICTION OF ORGANIZATION 11e. TYPE OF ORGANIZATION ADD'L INFO RE 11d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX FIRST NAME 12b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE 12c. MAILING ADDRESS 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collecteral description: collateral, or is filed as a fixture filing. 14. Description of real estate: Indian wood Forest
3 Ed Sector 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.

Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

Debtor is a TRANSMITTING UTILITY