STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY
ARTICLES OF DISSOLUTION GUIDELINES

INSTRUCTIONS:

STEP 1: FILE ORIGINAL AND TWO COPIES WITH THE JUDGE OF PROBATE IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF ORGANIZATION WERE FILED. ATTACH SECRETARY OF STATE AND JUDGE OF PROBATE FEES. THE SECRETARY OF STATE'S FILING FEE IS $10. PLEASE CONTACT THE JUDGE OF PROBATE OFFICE TO VERIFY THEIR FILING FEES.

PURSUANT TO THE PROVISIONS OF THE ALABAMA LIMITED LIABILITY COMPANY ACT AND SECTION 10-12-37 OF THIS ACT, THE UNDERSIGNED DOMESTIC LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION.

Article I The name of the limited liability company:

Measured Improvements LLC

Article II The date of filing of the articles of organization: 2007 ,_____.

Article III The reason for filing the articles of dissolution: Termination of all business activities.

Article IV The dissolution was authorized by written consent of all members and effective on December 24, 2010 ,_____.

Article V Attach other information the members or managers filing the articles of dissolution deem appropriate.

12/24/2010
Date

Homer Martin Seibert, III, Member
Type or Print Member's Name and Title

Homer Martin Seibert
Signature of Authorized Member

by Elizabeth Seibert (Rogers)
surviving spouse

REV. 4/2000

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

SSN: _____

1. DECEASED—NAME First: Homer Middle: Martin Last (Type last name all capitals): SEIBERT III		2. DATE OF DEATH (Month, Day, Year): January 14, 2010	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Pelham, 35124	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 505 Overhill Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA):	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No	9. RACE—(Specify American Indian, Black, White, etc.): White	10. SEX: Male
11. AGE: 43 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): November 14, 1966	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12 — College (1-4 or 5+): 2	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Elizabeth Rogers	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): California	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Pelham, 35124
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 505 Overhill Drive	25. INFORMANT—Name and Address: Elizabeth Seibert 505 Overhill Dr., Pelham, Al 35124	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Assistant Maintenance		27. KIND OF BUSINESS OR INDUSTRY: Valleydale Baptist Church	
28. FATHER—NAME First Middle Last: Homer M. Seibert, Jr.		29. MAIDEN NAME OF MOTHER— First Middle Last: Ruby Pinson	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): Jan. 16, 2010	32. CEMETERY OR CREMATORY—Name: Forest Crest Cemetery	33. LOCATION—(City or Town—State): Birmingham, AL
34. FUNERAL HOME—Name and Address: Patterson-Forest Grove FH 1498 5th Ave, PleasantGrove, AL 35127		35. FUNERAL DIRECTOR—Signature: Tina Patterson	36. DATE SIGNED BY FUNERAL DIRECTOR: Jan. 20,2010
37. ☐ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." ☐ Medical Examiner ☒ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: Diana S Hawkins			38. DATE SIGNED (Month, Day, Year): 01-22-2010
39. TIME AND DATE OF DEATH: 07:00 01-14-10	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 01-14-10 07:00	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Diana S. Hawkins-Coroner	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): P.O. Box 1321 Columbiana, ALa. 35051			43. CERTIFIER LICENSE NUMBER:
44. REGISTRAR— Signature: Sheila Keller — For State or County use only			45. DATE FILED (Month, Day, Year): Jan 27, 2010

DEMOGRAPHIC — BURIAL — CERTIFIER

MEDICAL CERTIFICATION

NAME OF DECEASED _____

46. _____
_____
_____
_____
49. _____
55. _____

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Gunshot wound to head	secs/min
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — b.	
DUE TO (OR AS A CONSEQUENCE OF):	
c.	
DUE TO (OR AS A CONSEQUENCE OF):	
d.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Suicide	50. AUTOPSY (Specify Yes or No): tox — 51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II): Deceased shot himself.	53. DATE OF INJURY (Month, Day, Year): 01-14-10 — 54. HOUR OF INJURY: unknown M.
55. INJURY AT WORK (Specify Yes or No): No	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.): Residence — 57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): 505 Overhill Dr. Pelham,AL.

CAUSE

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

This is a true and exact copy of the record on file with the Shelby County Health Department

Sheila Keller — Signature of Local Registrar

Jan 28, 2010 — Date of Issue

20101229000438780 2/2 $20.00
Shelby Cnty Judge of Probate, AL
12/29/2010 02:02:48 PM FILED/CERT