CC FINANCING STATEMENT				
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
Marion Bank and Trust Company - Marion P. O. Box 510 601 South Washington St. Marion, AL 36756				
		BOVE SPACE IS FOR F	LING OFFICE LISE	ONLV
DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor	· · · · · · · · · · · · · · · · · · ·		LING OFFICE USE	ONLI
1a. ORGANIZATION'S NAME REYNOLDS WOOD PRODUCTS, LLC				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
. MAILING ADDRESS	CITY	STATE P	OSTAL CODE	COUNTRY
BOX 197	MAPLESVILLE		36750 ZATIONAL ID #, if an	
. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR DEBTOR	ON 1f. JURISDICTION OF ORGANIZATION AL	I I I I I I I I I I I I I I I I I I I	ZA HUNALID #, II ali	y [X] NC
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert o	nly <u>one</u> debtor name (2a or 2b) - do no	t abbreviate or combine	names	
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	MÉ	SUFFIX
MAILING ADDRESS	CITY	STATE	OSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	ON 2f. JURISDICTION OF ORGANIZATIO	N 2g. ORGANI	ZATIONAL ID #, if an	У
ORGANIZATION DEBTOR		(0		□ N
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSI 3a. ORGANIZATION'S NAME	GNOR S/P) - Insert only <u>one</u> secured party nam	e (3a of 3b)		· ·
Marion Bank and Trust Company - Marion	FIRST NAME	IMIODIE NA	AE	SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAIVIE	IVINDULE IVA	MIDDLE NAME	
. MAILING ADDRESS	CITY		OSTAL CODE	COUNTRY
. O. Box 510 This FINANCING STATEMENT covers the following collateral:	Marion	AL 3	36756	
ASSIGNMENT OF TIMBER DEED DATED 02/03/2011;				
ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR This FINANCING STATEMENT is to be filed [for record] (or recorded) in ESTATE RECORDS. Attach Addendum	CONSIGNEE/CONSIGNOR BAILEE/BAIL the REAL 7. Check to REQUEST SEARCH [ADDITIONAL FEE]		1.77	NON-UCC FIL

