LLOW INSTRUCTIONS (ONTACT AT FILER [optional]					
. SEND ACKNOWLEDGN	MENT TO: (Name and Address)	 		-11		
FIRST UN	ITED SECURITY BANK					
P.O. BOX	249	20110505000136470 1/2 \$29.00 201105050000136470 1/2 \$29.00 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of PM FILED/CERT 05/05/2011 01:52:11 PM FILED/CERT				
THOMASVI	LLE, AL 36784	Shelby Chty 05/05/2011	01:52:11 PM	1 FILED/CLIV		
		THE ABOVE	SPACE IS FOR	R FILING OFFICE USE	ONLY	
	LL LEGAL NAME - insert only <u>one</u> debtor nam	ne (1a or 1b) - do not abbreviate or com	bine names			
1a. ORGANIZATION'S NA						
16. INDIVIDUAL'S LAST	WOOD PRODUCTS INC.	FIRST NAME	MIDDLE	MIDDLE NAME SUF		
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
P O BOX	197	MAPLESVILLE	AL	36750	USA	
TAVID # OON OO CIN	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG/	ANIZATIONAL ID #, if an	γ	
I. TAX ID #: SSN OR EIN	ORGANIZATION					
	DEBTOR CORPORATION	ne debtor name (2a or 2b) - do not abbre	eviate or comb	nine names	X NO	
	CORPORATION S EXACT FULL LEGAL NAME - insert only or		eviate or comb	oine names	X NC	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA	S EXACT FULL LEGAL NAME - insert only on the same		eviate or comb		SUFFIX	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA R 2b. INDIVIDUAL'S LAST	S EXACT FULL LEGAL NAME - insert only on the same	ne debtor name (2a or 2b) - do not abbr			SUFFIX	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA R 2b. INDIVIDUAL'S LAST C. MAILING ADDRESS	S EXACT FULL LEGAL NAME - insert only on the same	ne debtor name (2a or 2b) - do not abbre	MIDDLE	NAME	COUNTRY	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST 3. MAILING ADDRESS 4. TAX ID #: SSN OR EIN SECURED PARTY'S I	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the lambda of the	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE I	NAME POSTAL CODE	SUFFIX	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST MAILING ADDRESS I. TAX ID #: SSN OR EIN SECURED PARTY'S I	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the second of the	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE I	NAME POSTAL CODE	SUFFIX	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST MAILING ADDRESS I. TAX ID #: SSN OR EIN SECURED PARTY'S I 3a. ORGANIZATION'S NA FIRST UN	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the lamb of total assignee of assignor ame. ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR AME.) ITED SECURITY BANK	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or	STATE 2g. ORG/	POSTAL CODE ANIZATIONAL ID #, if an	COUNTRY	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST MAILING ADDRESS L. TAX ID #: SSN OR EIN SECURED PARTY'S I 3a. ORGANIZATION'S NA FTRST IIN	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the lamb of total assignee of assignor ame. ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR AME.) ITED SECURITY BANK	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE I	POSTAL CODE ANIZATIONAL ID #, if an	SUFFIX	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST . MAILING ADDRESS . TAX ID #: SSN OR EIN SECURED PARTY'S I 3a. ORGANIZATION'S NA FIRST UN	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the lamb of total assignee of assignor ame. ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR AME.) ITED SECURITY BANK	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or	MIDDLE I STATE 2g. ORG/	POSTAL CODE ANIZATIONAL ID #, if an	COUNTRY	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST c. MAILING ADDRESS d. TAX ID #: SSN OR EIN SECURED PARTY'S I	CORPORATION 'S EXACT FULL LEGAL NAME - insert only on the lambda of the	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE I	NAME POSTAL CODE	SU	

	a or 1b) ON RELATED FINANCING S					
9a. ORGANIZATION'S NAME OR REYNOLDS WOOD	PRODUCTS INC.					
9b. INDIVIDUAL'S LAST NAM		MIDDLE NAME, SUFFIX		20110505000136470 2/2 \$29.00 201105050000136470 of Probate, AL Shelby Cnty Judge of PM FILED/CERT 05/05/2011 01:52:11 PM FILED/CERT		
			201105050 Shelby Cr	nty Judge of Problem	LED/CERT	
O. MISCELLANEOUS:			05/05/2W			
				E IS FOR FILING OFF	ICE USE ONLY	
11. ADDITIONAL DEBTOR'S 11a. ORGANIZATION'S NAME	EXACT FULL LEGAL NAME - insert o	only <u>one</u> name (11a or 11b) - do i	not abbreviate or comb	oine names		
OR 11b. INDIVIDUAL'S LAST NAM	∕1E	FIRST NAME	MIDDI	LE NAMÉ	SUFFIX	
11c. MAILING ADDRESS		CITY	STAT	POSTAL CODE	COUNTRY	
	'L INFO RE 11e. TYPE OF ORGANIZATION TOR	ON 11f. JURISDICTION OF ORGAN	IZATION 11g. (DRGANIZATIONAL ID #, if	any	
12. ADDITIONAL SECUR		R S/P'S NAME - insert only <u>one</u>	name (12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAM	ИЕ	FIRST NAME	MIDD	MIDDLE NAME		
12c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY	
13. This FINANCING STATEMENT collateral, or is filed as af14. Description of real estate:	covers X timber to be cut or as-ext	tracted 16. Additional collateral descrip	otion:			
TREES TO BE CUT, LYING OR BEING BE WOOD PRODUCTS AND LLC ON 128 ACRES						

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

15. Name and address of a RECORD OWNER of above-described real estate

(if Debtor does not have a record interest):

Debtor is a 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.

Debtor is a TRANSMITTING UTILITY

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

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

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)