UCC FINANCING	STATEMENT				
	front and back) CAREFULLY				
	ONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGE	(251) 2 ENT TO: (Name and Address)	275-4111			
	icivi io. (Ivallie alla Address)	· · · · · · · · · · · · · · · · · · ·			
ETDOW INT	EMPTO CIPCITO TINTE DA ATTE				
P.O. BOX	ITED SECURITY BANK				
	LLE, AL 36784				
<u> </u>					
1 DEBTOR'S EXACT FUL	LIEGAL NAME incort only one debter see			R FILING OFFICE USE ON	ILY
1a. ORGANIZATION'S NA	L LEGAL NAME - insert only <u>one</u> debtor nam	ne (la or (b) - do not abbreviate or combin	e names	·-····································	····-
OR REYNOLDS	WOOD PRODUCTS INC				
1b. INDIVIDUAL'S LAST N		FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
740 ST HV 1d. TAX ID #: SSN OR EIN	VY 139 ADD'L INFO RE 1e. TYPE OF ORGANIZATION	MAPLESVILLE	AL	36750-0197	USA
TO, TAX ID #. SON ON EIN	ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG/	ANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTOR'	DEBTOR CORPORATION S EXACT FULL LEGAL NAME - insert only or	ne debtor name (2a or 2b) - do not abbrevis	ate or comi	nino nomos	X NONE
2a. ORGANIZATION'S NA		TO GODIOI HAITIC (28 OF 2D) - GO HOL ADDIEVIA	ate or comit	ome names	
OR					
2b. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	20 OPC	ANIZATIONAL ID # :4 a	
	ORGANIZATION DEBTOR		I zg. ong.	ANIZATIONAL ID #, if any	
3. SECURED PARTY'S N	AME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3b)		L NONE
3a. ORGANIZATION'S NAI				······································	
OII	TED SECURITY BANK				
3b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME		SUFFIX
3c. MA!LING ADDRESS		CITY	OT 4 7 15		
P.O. BOX 249		THOMASVILLE	STATE	POSTAL CODE	COUNTRY
	T covers the following collateral:	THOMASATTME	AL	36784	USA
ASSTGNMEN	T OF TIMBER CUTTING RIGHT	י. ייים אד א ד ד			
	BLE PINE AND HARDWOOD TRI				
	ING, LYING OR BEING BETWI	•			
	III AND REYNOLDS WOOD PRO				
TIMBER LO	CATED IN NW 1/4 AND THE	SW 1/4 OF			
S 21, T 1	9 S, R 1 E, SHELBY COUNTY	Y, ALABAMA.			
		2012022	2400000664	70 1/2 \$29.00 ge of Probate, AL	
				7:55 PM FILED/CERT	
ALTERNATIVE DESIGNATION This FINANCING STATEN			SELLER/BUYE		N-UCC FILING
	MENT is to be filed (for record) (or recorded) in the REA ttach Addendum (if applica	7. Check to REQUEST SEARCH REPORT(S) (able) [ADDITIONAL FEE] [opt	on Debtor(s) tional]	All Debtors Debtor	Debtor 2
3. OPTIONAL FILER REFERENCE	UATA				

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b						
9. NAME OF FIRST DEBTOR (1a or 1b		STATEMENT				
9a. ORGANIZATION'S NAME						
OR REYNOLDS WOOD PROD 9b. INDIVIDUAL'S LAST NAME	MIDDLE NAME,SUFFIX	-				
30. INDIVIDUAL 3 LAST NAME	FIRST NAME	WILDEL WANTE, COLLINA				
10. MISCELLANEOUS:						
			THE ABOVE SP	ACE IS FOR FILIN	IG OFFICE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert	only <u>one</u> name (11a or 11b) - do	not abbreviate or co	mbine names		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	DDLE NAME	SUFFIX	
				ATE DOCTAL COL	SE COUNTRY	
11c. MAILING ADDRESS		CITY	51.	ATE POSTAL COL	COUNTRY	
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR		ON 11f. JURISDICTION OF ORGA	ANIZATION 11	g. ORGANIZATIONAI	[
12. ADDITIONAL SECURED PA	ARTY'S or ASSIGNO	R S/P'S NAME - insert only <u>on</u>	name (12a or 12b)		L NONE	
12a. ORGANIZATION'S NAME						
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME MIDDLE NAME SUFFIX			
12c. MAILING ADDRESS		CITY	ST	ATE POSTAL COI	COUNTRY	
13. This FINANCING STATEMENT covers	timber to be cut or as-e:	ctracted 16. Additional collateral desc	ription:			
collateral, or is filed as a fixture f	iling.					
14. Description of real estate:	OTTOTAL DECITO					
ASSIGNMENT OF TIMBER ON ALL MERCHANTABLE						
HARDWOOD TREES TO BE						
STANDING, LYING OR B						
NW 1/4 AND THE SW 1/ R 1 E, SHELBY COUNTY						
	20120224000066470					
	Shelby Cnty Judge of Probate, AL 02/24/2012 12:07:55 PM FILED/CERT					
				OO EN ETCED/C	ERT	
15. Name and address of a RECORD OWN	ER of above-described real estate					
(if Debtor does not have a record intere	est):					
		17. Check only if applicable	and check <u>only</u> one box.			
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's					
		and check <u>only</u> one box.				
		Debtor is a TRANSMITT	ING UTILITY a Manufactured-Home Tr	anaastaa suureel	20 40000	
			a Manufactured-Home 1 r a Public-Finance Transact			