UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Shelby Cni	ty Ju	010 1/3 \$33.00 dge of Probate, f	λ∟
SYNOVUS FINANCIAL CORPORATION P.O. BOX 1638 ROSWELL, GA 30077-1638		03/23/2019	5 12:	29:38 PM FILED/CE	<u>-</u> R)
110344 ELL, OA 30077-1030	Filed In: Alabama	•			
	(S.O.S.)				
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here [] ar		, or abbreviate any part of the	Debtor	·	ndividual Debtor's
1a. ORGANIZATION'S NAME Royal Investments Group				tement Addendant (Form O	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	AF A	ODITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1952 ARBOR CT	HOOVER		TATE	POSTAL CODE 35244	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are	exact, full name; do not omit, modify ad provide the Individual Debtor info				
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E AC	ODITION	IAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	ST	TATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME First Bank Jasper div Syn		nly <u>one</u> Secured Party name (3	a or 3b)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IE AD	ODITION	IAL NÁME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 31	Jasper		ATE	POSTAL CODE 35501	COUNTRY
4. COLLATERAL: This financing statement covers the following collater All equipment (including machinery and fixture	۵۱۰				

freezing, lighting, laundry, cooking, incinerating, and power equipment; engines; pipes; pumps; tanks; motors; conduits;

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

97449723

Licensee/Licensor

Non-UCC Filing

being administered by a Decedent's Personal Representative

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

6a. Check only if applicable and check only one box:

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ment; if line 1b was l	left blank				
	9a. ORGANIZATION'S NAME						
Royal Investments Group, LLC							
					= 4		
OR	9b. INDIVIDUAL'S SURNAME						
	SO, INCIVIDUAL S SURMAINE					0010 2/3 \$33.00 udge of Probate,	ω)
	FIRST PERSONAL NAME	······································		2015034 Shelby	Cnty	udge of Probate, 1:29:38 PM FILED/C	ERT
				03/23/	2015 12	1: Z9: 30 1 11	
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
				المراج المراجع		S FOR FILING OFFICE	والمراوا والمناوات المناوات والمناوات والمناوات
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor redo not omit, modify, or abbreviate any part of the Debtor's name) and entering the provided of the Debtor's name and entering the provided of the Debtor's name.			line 1b or 2b of the I	Financing S	Statement (Form UCC1) (use	exact, full name;
	10a. ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
					····		
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					<u></u>	SUFFIX
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.		SIGNOR SECU	RED PARTY	S NAME: Provide	only <u>one</u> na	me (11a or 11b)	
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	<u></u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
110	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
-							
	ADDITIONAL SPACE FOR ITEM 4 (Collateral): vitchboards: plumbing, lifting, cleaning, fire pre	vention fire a	extinguishir	na refrigeratio	na ven	itilating, and comp	nunications
	oparatus; boilers, ranges, furnaces, oil burners		_	-	_	-	
	acuum cleaning systems; elevators; escalators;		•		••	-	
	eds; refrigerators; dishwashers; attached cabin		_				
	antles; draperies; furniture and furnishings; all	•		•	_	·	
	said property and intended to be installed ther	•		•	•		
13	This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14 This FIN	NANCING STATE	MENT:			
	REAL ESTATE RECORDS (if applicable)	ļ	ers timber to be o		extracted o	collateral is filed as a	fixture filing
	Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	16 16. Descrip	tion of real estate	· · · · · · · · · · · · · · · · · · ·		·	
,	in Depte: does not nave a record unteresty.						
	•						
-							
17.1	MISCELLANEOUS:						

UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS									
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; in because Individual Debtor name did not fit, check here	if line 1b was l	eft blank							
9a. ORGANIZATION'S NAME						1 2\			
Royal Investments Group, LLC] /		3000090010 3/3 \$3 3000090010 of Pro				
				2015032	3000090010 3/3 \$3 3000090010 3/3 \$3 Cnty Judge of Pro 015 12:29:38 PM F	bate, AL			
96. INDIVIDUAL'S SURNAME				Shelby 03/23/2	3000090010 of Pro Cnty Judge of Pro 2015 12:29:38 PM F	ILEDIOL			
FIRST PERSONAL NAME									
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX							
			THE ABOVE	E SPACE	S FOR FILING OFFICE	USE ONLY			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name of the Debtor's name.			line 1b or 2b of the	Financing S	Statement (Form UCC1) (use	exact, full nam			
10a. ORGANIZATION'S NAME					<u> </u>	· · · · · · · · · · · · · · · · · · ·			
10b. INDIVIDUAL'S SURNAME						,, 			
INDIVIDUAL'S EIRST DERSONAL NAME					· <u>····································</u>				
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			······································	· • • • • • • • • • • • • • • • • • • •		SUFFIX			
c. MAILING ADDRESS	CITY	······································	<u></u>	STATE	POSTAL CODE	COUNTRY			
ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECU	RED PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b)				
11a. ORGANIZATION'S NAME	·		,		······································				
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	<u> </u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX			
: MAILING ADDRESS	CITY		·,·	STATE	POSTAL CODE	COUNTRY			
ADDITIONAL SPACE FOR ITEM 4 (Collateral): and all proceeds and profits of all of the foregoing.									
Also, all Equipment which is or will be attached to the	e real pro	perty desc	ribed herein	which is	s owned by record	d owner o			
such real property, which is also described herein.	o rour pro	porty door		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		u (11110) (
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FIN	IANCING STATE	MENT:		·				
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 16		covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate:							
(if Debtor does not have a record interest):	Tu. 5000mp	aon on real colucto	•						
•									
MISCELLANEOUS:		- 							