

04/20/2017 12:06			
·			
. ]			
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ROBERT			
	STATE	POSTAL CODE	COUNTRY
ALABASIEK	AL	35007	US
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
PED DARTY): Provide only one Secured Pa	urtu came (3a or 3h	<u> </u>	
CED PARTY). Provide only one Secured Pa	irty frame (3a or 3b	'1	
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OLTY.	07.175	TROOTEL CODE	001111701
			US
DIKMINGHAM	AL	33203	0.5
	ame; do not omit, modify, or abbreviate any ne Individual Debtor information in item 10 of ROBERT  CITY  ALABASTER  ame; do not omit, modify, or abbreviate any ne Individual Debtor information in item 10 of FIRST PERSONAL NAME  FIRST PERSONAL NAME	arne; do not omit, modify, or abbreviate any part of the Debtor ne Individual Debtor information in item 10 of the Financing State ROBERT  CITY STATE ALABASTER  ame, do not omit, modify, or abbreviate any part of the Debtor ne Individual Debtor information in item 10 of the Financing State Individual Debtor information in item 10 of the Financing State Individual Debtor information in item 10 of the Financing State Individual Debtor Information Individual Debtor Individual Debtor Information Individual Individual Debtor Information Individual Indivi	CITY ALABASTER  AL  STATE AL  35007  ame, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form Utility)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE  POSTAL CODE  RED PARTY): Provide only one Secured Party name (3a or 3b)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE  POSTAL CODE

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check <u>only</u> if applicable and check <u>only</u> one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	



## Shelby Cnty Judge of Probate, AL 04/20/2017 12:06:05 PM FILED/CERT

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS** 

1 1	g Statement, if line 15 was left blank			
9a ORGANIZATION'S NAME				
9b INDIVIDUAL'S SURNAME				
PALMORE				
ROBERT				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	HE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional 0 do not omit, modify, or abbreviate any part of the Debtor's name) a		or 2b of the Financing S	Statement (Form UCC1) (c	use exact, full na
10a ORGANIZATION'S NAME				-
10b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·	<u></u>		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		•		SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
3D AIR SERVICES, LLC 116 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 001 YEAGER PKWY	PELHAM	STATE	35124	COUNTR
MAILING ADDRESS  OOT YEAGER PKWY  ADDITIONAL SPACE FOR ITEM 4 (Collateral)	PELHAM			COUNTRY
MAILING ADDRESS  OOT YEAGER PKWY  ADDITIONAL SPACE FOR ITEM 4 (Collateral)	PELHAM		35124	1
MAILING ADDRESS  OOT YEAGER PKWY  ADDITIONAL SPACE FOR ITEM 4 (Collateral)  This FINANCING STATEMENT is to be filed [for record] (or re-	PELHAM  corded) in the 14. This FINANCING STATEMENT:  covers timber to be cut	AL	35124	US