

When Recorded Return To: Herry SF First American Title Insurance Company National Commercial Services 121 S. 8th Street, Suite 1250 Minneapolis, MN 55402 File No: NCS 885178-1-MPL

20180312000079020 03/12/2018 12:28:46 PM UCC1 1/3

File No: NCS	885178-1-MPLS		UCC1 1/3	<b>20.70</b> 1 1
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)	-			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
JOEL R. SCHAIDER, ESQ. REED SMITH LLP				
10 SOUTH WACKER DRIVE, SUITE 4000 CHICAGO, ILLINOIS 60606				
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fundame will not fit in line 1b, leave all of item 1 blank, check here and provide an ORGANIZATION'S NAME  PROFESSIONAL RESOURCE DEVELO	ull name; do not omit, modify, or abbreviate a de the Individual Debtor information in item 1	ny part of the Debto		ndividual Debtor
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1200 NETWORK CENTER DRIVE, #2	CITY EFFINGHAM	STATE	POSTAL CODE 62401	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fundame will not fit in line 2b, leave all of item 2 blank, check here and provide	all name; do not omit, modify, or abbreviate a de the Individual Debtor information in item 1	•		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME				
WELLS FARGO BANK, NATIONAL AS 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 130 W. JEFFERSON STREET SUITE 204	NAPERVILLE	STATE	POSTAL CODE 60540	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:				

All assets, including but not limited to fixtures, and all buildings, structures and improvements relating to the real property legally described on Exhibit "A" attached hereto.

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 Representa	ıtive
6a. Check only if applicable and check only one box:		6b. Check only if applicable and check only 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	rer Bailee/Bailor Licensee/Licensor	i
8. OPTIONAL FILER REFERENCE DATA: Shelby County, AL			

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## UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S				
	tatement; if line 1b was left blank			
because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
PROFESSIONAL RESOURCE DEV	ELOPMENT, INC.			
			•	•
			•	•
9b. INDIVIDUAL'S SURNAME	<del></del>			
	-			
FIRST PERSONAL NAME				
, title i i i i i i i i i i i i i i i i i i i				
ADDITIONAL MARKETON (ANITIAL TO)				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			_
		THE ABOVE SPA	CE IS FOR FILING	OFFICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debt	or name or Debtor name that did not fit in	line 1b or 2b of the Financ	ing Statement (Form L	JCC1) (use exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) and	enter the mailing address in line 10c			
10a. ORGANIZATION'S NAME		•		
	-			
10b. INDIVIDUAL'S SURNAME		-		·
INDIVIDUALIS FIRST DEPONIAL NAME		<u></u>		<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME	•			•
				· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX .
MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
•			•	
	ACCIONOD CECUDED DADTY	S NIABATI - Deside - altre -		
	ASSIGNOR SECURED PARTY	NAIVIE: Provide only o	<u>ne</u> name (11a or 11b)	· · · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME				
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			NT: 01/11 11/11/01/01/11	· IOUEEN
	FIRST PERSONAL NAME	ADI	DITIONAL NAME(S)/INI	ITIAL(S) SUFFIX
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11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STA		
11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record)	CITY  Sed) in the 14. This FINANCING STATES	STA	TE POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	covers timber to be covered to	STA  STA  MENT:  ut	TE POSTAL CODE	
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## LEGAL DESCRIPTION

PARCEL 1: (FEE)

LOT 4, ACCORDING TO THE MAP OF WHITE STONE CENTER SUBDIVISION, AS RECORDED IN MAP BOOK 33, PAGE 138 A AND B IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA.

PARCEL 2: (EASEMENT)

TOGETHER WITH AND SUBJECT TO ANY RIGHTS AND EASEMENTS AS CREATED BY AND THROUGH THAT CERTAIN DECLARATION OF RESTRICTIONS, COVENANTS AND CONDITIONS AND GRANT OF EASEMENTS (WHITE STONE SHOPPING CENTER) APPEARING OF RECORD UNDER INSTRUMENT NO. 20031124000768400 IN THE PROBATE OFFICE OF SHELBY COUNTY ALABAMA.

PARCEL 3: (EASEMENT)

TOGETHER WITH AND SUBJECT TO ANY RIGHTS AND EASEMENTS AS CREATED BY AND THROUGH THAT CERTAIN JOINT ACCESS EASEMENTS - LOTS 3 AND 4, WHITE STONE CENTER SUBDIVISION, RECORDED IN THE SAID PROBATE OFFICE UNDER INSTRUMENT NO. 20040903000495490.



Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
03/12/2018 12:28:46 PM
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