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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	26405 - RENASANT
Lien Solutions	63117574
P.O. Box 29071 Glendale, CA 91209-9071	ALAL
	FIXTURE _I
File with: Shelby, AL.	

20180523000179600 1/2 \$62.45 Shelby Cnty Judge of Probate, AL

Glendale, CA 91209-9071	ALAL		Shelby Cnty 3 05/23/2018 03	3:20:52 PM FILED	/ CERT
	FIXTURE				
File with: Shelby, AL.		THE ABOVE	E SPACE IS FOR	R FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b	<u>· · ·</u>	-	•		
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor info	rmation in item 10 of	the Financing State	ment Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME					
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
MCCRANIE	GREY			a rouncio partir o actor	100.71%
. MAILING ADDRESS	CITY		STATE F	POSTAL CODE	COUNTRY
305 TANYARD RD	HARPERSVILLE	•	AL	35078	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b	<u> </u>				
name will not fit in line 2b, leave all of item 2 blank, check here		•	•	• •	
2a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY		STATE F	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Provide :	only one Secured Pa	rty name (3a or 3b)		
3a. ORGANIZATION'S NAME	DOTOR OLOGICED I FACT I J. T. TOVICO	,, <u>one</u> coccios (a	ity riamo (od ot ob)	· · · · · · · · · · · · · · · · · · ·	
Renasant Bank					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	AE	ADDITIONA	L NAME(S)INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
513 Pelham Pkwy	Pelham		AL	35124	USA
OLLATERAL: This financing statement covers the following of		_	<u> </u>		
Inventory, Chattel Paper, Accounts, General Intanglether any of the foregoing is now existing or hereaftegoing (including all entitlements, rights to payment vernmental agricultural diversion programs, governed any other such program of the United States Depating to any of the foregoing	fter raised or grown; all accessiont, and payments, in whatever for mental agricultural assistance pr	ns, additions, rep m received, inclu rograms, the Fan	placements, and uding but not lim m Services Age	d substitutions relati nited to, payments u ncy Wheat Feed G	ng to any of Inder any rain Progran
mplete only when filing with the Judge of Probate: e initial indebtedness secured by this financing state ortgage tax due (\$.15 per \$100.00 or fraction thereo	tement is \$20,280.25				
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is [held in a Trust (see UCC1Ad, item 17	and Instructions)	being administered	d by a Decedent's Perso	onal Represent
Check only if applicable and check only one box:			6b. Check only if	applicable and check <u>or</u>	nty one box:
Public-Finance Transaction Manufactured-Home	e Transaction A Debtor is a Tra	nsmitting Utility	Agricultur	al Lien Non-UC	C Filing
ALTERNATIVE DESIGNATION (if applicable): [Lessee/Les	ssor Consignee/Consignor	Seller/Buye	er Bailee	e/Bailor Lice	nsee/Licensor
OPTIONAL FILER REFERENCE DATA:					
3117574 0209			2010	0006530-4	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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J sa. OR	GANIZATION'S NAME			:				
 -		<u> </u>						
					∦∥ 201	80523000	179600 2/2 \$62.	
9b. INE	DIVIDUAL'S SURNAME				5he	lby Cnty	Judge of Proba	te, AL
MC	CRANIE				05/	23/2018	03:20:52 PM FIL	ED/CERT
FIR	RST PERSONAL NAME							
GRI	EY							
AD	DITIONAL NAME(S)INITIAL(S)		<u>.</u>	SUFFIX				
					THE ABO	/E SPACE	IS FOR FILING O	FFICE USE O
DEBT(DR'S NAME: Provide (10a or 10b) only <u>one</u> additional Deb	btor name or De	btor name t	nat did not fit in	line 1b or 2b of the	Financing S	tatement (Form UCC1)	(use exact, full :
	mit, modify, or abbreviate any part of the Debtor's name) and	l enter the mailin	ng address in	line 10c				
10a. O	RGANIZATION'S NAME							
1								<u>-</u> .
106, IN	IDIVIDUAL'S SURNAME							
<u></u>	IDIVIDUAL'S FIRST PERSONAL NAME							
"	IDIVIDUAL S FIRST PERSONAL NAME							
<u> </u>	IDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)							SUFFIX
"`	DITIONE O REDITIONAL TURNELO,							307112
. MAILIN	G ADDRESS	Тс	ITY			STATE	POSTAL CODE	COUNTE
	DITIONAL SECURED PARTY'S NAME or	ASSIGNOR	SECURE	D PARTY'S I	IAME: Provide or	ly one nam	e (11a or 11b)	<u> </u>
=_	RGANIZATION'S NAME	Nooionon	CECONE	<i>D171</i> (11 01	AVIAIT LA	ny <u>orio</u> mani	e (Tra or Tro)	
11b. IN	IDIVIDUAL'S SURNAME	F	IRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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, MAILIN	G ADDRESS	c	NTV				POSTAL CODE	COUNTE
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This REA	FINANCING STATEMENT is to be filed [for record] (or rec AL ESTATE RECORDS (if applicable)		4. This FIN	rs timber to be	cut Covers a		collateral is filed	
This REA	FINANCING STATEMENT is to be filed [for record] (or rec		4. This FIN		cut Covers a			
This REA	FINANCING STATEMENT is to be filed [for record] (or record ESTATE RECORDS (if applicable) and address of a RECORD OWNER of real estate described	d in item 16 10	4. This FINA Cove 6. Description	rs timber to be on of real estate	cut Covers a	s-extracted	collateral is filed	as a fixture filin
This REA Name a (if Debt	FINANCING STATEMENT is to be filed [for record] (or record). AL ESTATE RECORDS (if applicable). and address of a RECORD OWNER of real estate described or does not have a record interest):	d in item 16	4. This FINA Cove 6. Description	rs timber to be on of real estate	cut Covers a	s-extracted		as a fixture filin
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