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Phone: (800) 331-3287 Fax: (818) 662-4141  B. E-MAIN CONTACT AT IF LER (potron) C.S.S-CTLS_Clandale_Customer_Service@worlerskluwer.com C.S.S-CTLS_CLANDALE_Clandale_Customer_Service@worlerskluwer.com C.S.S-CTLS_CLANDALE_Clandale_Customer_Service@worlerskluwer.com C.S.S-CTLS_CLANDALE_Clandale_Customer_Service@worlerskluwer.com C.S.S-CTLS_CLANDALE_Clandale_Customer_Service@worlerskluwer.com C.S.S-CTLS_CLANDALE_Clandale_Clan	FOLLOW INSTRUCTIONS	CMRIMICIAI					
C.SCTLS_Cliendale, Customer_Service@wolterskituwer.com  C. SIND ACKNOWLEDGMENT TO, (Name and Address) 30591 - REDBRICK  File and Solutions P.O. Box 29071 Glendale, CA 91209-9071  ALAL FIXTURE  File with: Sholby, AL  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFI	A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141						
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Sitement Signature of the second partial; Provide name of Assignee in item 7 a or 7b, and address of Assignee in item 7c and 9 and also indicate affected collateral in item 8      CONTRIVATION: Encitiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law        CONTRIVATION: Encitiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	1a. INITIAL FINANCING STATEMENT FILE NUMBER 20160715000247810 BK 9 PG 125 7/15/201	16 CC AL Shelt		or recorded) in the	REAL ESTAT	E RECORDS	•
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8    CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	<del>-</del> -	ent identified above is	terminated with	respect to the security inte	rest(s) of Secu	red Party authorizing this	s Termination
Continued for the additional pency provided by applicable law    AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these two boxes     Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these two boxes     Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of these two boxes   AND Check one of these three boxes to:   Check one of the one of the two	<del></del>				e of Assignor in	n item 9	
Check one of these two boxes This Change affects   Debtor or   Secured Party of record   Item fac or 6b; and item fac or 7b and item 7c   7a or 7b, an	<del></del>		with respect to	the security interest(s) of Se	ecured Party au	thorizing this Continuation	on Statement is
This Change affects Debtor or Secured Party of record Defended an ADD name: Complete Item Detet Tem Detect Tem Detet Tem Detet Tem Detect	<del></del>	AND Check one o	of these three box	kes to:			
GS. ORGANIZATION'S NAME  GS. INDIVIDUAL'S SURNAME  CARTIER  DONALD  JAMES  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name: do not onld, modify, or althreviole any part of the Debtor's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name: do not onld, modify, or althreviole any part of the Debtor's name)  7. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SJINITIAL(S)  SUFFIX  7. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. COLLATERAL CHANGE: Also check one of these four boxes. ADD collateral  Indicate collateral:  3. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  3. RESANIZATION'S NAME		d CHANG	GE name and/or a or 6b; <u>and</u> item 1	address: Complete 7a or 7b <u>and</u> item 7c 7a			
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CARTIER  DONALD  JAMES  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7s or 7th) (use exact full name: do not ontit, modify, or abbreviate any part of the Debtor's name)  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7s or 7th) (use exact full name: do not ontit, modify, or abbreviate any part of the Debtor's name)  7. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(SY/INITIAL(S))  SUFFIX  TO MAILING ADDRESS  CITY  STATE  FOSTAL CODE  COUNTRY  3. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  DELETE collateral  RESTATE covered collateral  ASSIGN collateral  Indicate collateral:  Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  So ORGANIZATION'S NAME	6a. ORGANIZATION'S NAME						
CARTIER  DONALD  JAMES  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name: do not onlt, modify, or albhevisite any pant of the Debtor's name)  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SylNITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  3. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  DELETE collateral  RESTATE covered collateral  ASSIGN collateral findicate collateral  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  St. ORGANIZATION'S NAME	OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITH	ONAL NAME(SYINITIAL(S)	SUFFIX
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9a. ORGANIZATION'S NAME		_			9b) (name of A	ssignor, if this is an Assig	nment)
				· <del>-</del>			

FIRST PERSONAL NAME

SUFFIX

ADDITIONAL NAME(SYMITIAL(S)

20161918210

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CARTIER, DONALD JAMES

REDBRICK

OR 9b. INDIVIDUAL'S SURNAME

65370896

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

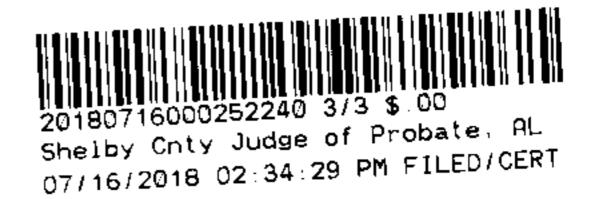
**FOLLOW INSTRUCTIONS** 11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20160715000247810 BK 9 PG 125 7/15/2016 CC AL Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME REDBRICK FINANCIAL GROUP INC. 12b. INDIVIDUAL'S SURNAME Shelby Cnty Judge of Probate AL FIRST PERSONAL NAME 07/16/2018 02:34:29 PM FILED/CERT SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME **JAMES** DONALD CARTIER 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): **Debtor Name and Address:** CARTIER, DONALD JAMES - 1572 APPLEGATE LN , ALABASTER, AL 35007 GLENN, JOHN RAY - 7656 LAKESORE DR, MCCALLA, AL 35111 Secured Party Name and Address: REDBRICK FINANCIAL GROUP INC. - PO BOX 1719, PORTLAND, OR 97207-1719 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut Covers as-extracted collateral K is filed as a fixture filing Legal Description: 16. Name and address of a RECORD OWNER of real estate described in item 17 County: SHELBY, AL APN: (if Debtor does not have a record interest): JOHN R GLENN AND MARTHA L JOHN 23-2-10-1-005-081-000 Census Tract / Block: 303.06 / 1 Alternate APN: Township-Range-Sect: 21-3W-10 Subdivision: APPLEGATE MANOR Legal Book/Page: 9-125 Map Reference: / Legal Lot: 81 Tract #: [ See Exhibit for Real Estate ]

REDBRICK FINANCIAL GROUP INC.

REDBRICK 20161918210

File with: Shelby, AL

18. MISCELLANEOUS: 65370896-AL-117 30691 - REDBRICK FINANCIAL G



Debtor: CARTIER, DONALD, JAMES

## **Exhibit for Real Estate**

17. Description of real estate: Continued

Legal Block: School District: 2

Market Area: School District Name: SHELBY COUNTY

SCHOOL DISTRICT

Neighbor Code: EB3 Munic/Township: ALABASTER

SHELBY, AL

Page No:

125

Book No:

9