DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; 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 UCC1).    Table   City	08/09/2019 08:17:49 AM  UCC1 1/1  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Pelham  AL  STATE  POSTAL CODE  COUNTRY  AL  USA
3. E-MAIL CONTACT AT FILER (optional)  5. SEND ACKNOWLEDGMENT TO: (Name and Address)  Trustmark National Bank Attn: Loan Operations P. O. Box 1182 Jackson, MS 39215-1182  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, 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 UCC*  1a. ORGANIZATION'S NAME B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Pelham AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, 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 UCC*  1b. INDIVIDUAL'S SURNAME Pelham AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, 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 UCC*).  2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME	O8/09/2019 08:17:49 AM  UCC1 1/1  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; 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 UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE COUNTR' Pelham  AL 35124  SERVICE COUNTR' USA  SERVACE, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor in the Individual Debtor's name); if any part of the Individual Debtor's name).
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Trustmark National Bank Attn: Loan Operations P. O. Box 1182 Jackson, MS 39215-1182  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; 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 UCC)  1a. ORGANIZATION'S NAME B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Petham DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC)  1a. ORGANIZATION'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC)  2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S)  STATE POSTAL CODE AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC).  2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S)  STATE POSTAL CODE C  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)	O8/09/2019 08:17:49 AM  UCC1 1/1  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; 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 UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE COUNTR Pelham  AL 35124  STATE POSTAL CODE USA  SE exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debt
Trustmark National Bank Attn: Loan Operations P. O. Box 1182  Jackson, MS 39215-1182  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; 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 UCC:  1a. ORGANIZATION'S NAME B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC:  1a. ORGANIZATION'S NAME FIRST PERSONAL NAME Pelham AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC:  2a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME	O8/09/2019 08:17:49 AM  UCC1 1/1  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; 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 UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Pelham  AL  STATE  POSTAL CODE  COUNTR  LSA  e exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debt
Attn: Loan Operations P. O. Box 1182  Jackson, MS 39215-1182  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; 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 UCC)  1a. ORGANIZATION'S NAME  B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  36 Stuart Lane  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC)  The INDIVIDUAL'S SURNAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC).  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME	O8/09/2019 08:17:49 AM  UCC1 1/1  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debta and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Pelham  AL  STATE  POSTAL CODE  COUNTR  AL  STATE  POSTAL CODE  LUSA  SERVACE, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debta
P. O. Box 1182  Jackson, MS 39215-1182  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, 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 UCC1)  1a. ORGANIZATION'S NAME  B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS FOR FILING OFFICE USE ON Aname (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS FOR FILING OFFICE USE ON Aname (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS FOR FILING OFFICE USE ON ANAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS FOR FILING ON TAME (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS FOR FILING ON TAME (2a or 2b) (use exact, full name, 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 UCC1)  The ABOVE SPACE IS F	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Deltand provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Pelham  AL  STATE  POSTAL CODE  35124  USA  Exercite Formula (COUNTR)  COUNTR  AL  STATE  POSTAL CODE  STATE  STATE  STATE  POSTAL CODE  STATE  STATE
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; 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 UCC1 1a. ORGANIZATION'S NAME  B.I.D. Enterprises, LLC  Ib. INDIVIDUAL'S SURNAME  MAILING ADDRESS  GETTY  Pelham  AL  35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC1)  The Individual Debtor name (2a or 2b) (use exact, full name; 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 UCC1)  The Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1)  The ABOVE SPACE IS FOR FILING OFFICE USE ON Name (1) any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1)  The ABOVE SPACE IS FOR FILING OFFICE USE ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING OFFICE USE ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING OFFICE USE ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING OFFICE USE ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING OF NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR FILING ON NAME (S)/INITIAL(S) IS  THE ABOVE SPACE IS FOR TABLE OF THE INDIVIDUAL IS SUBJECT OF THE INDIVIDUAL IS SUBJECT.  THE ABOVE SPACE IS FOR THE MADE (ID INDIVIDUAL IS SUBJECT OF THE INDIVIDUAL IS SUBJECT.  THE ABOVE SPACE IS FOR THE MADE (ID INDIVIDUAL IS SUBJECT OF THE INDIVIDUAL IS SUBJECT.  THE ABOVE SPACE IS FOR THE MADE (ID INDIVIDUAL IS SUBJECT OF THE INDIVIDUAL IS SUBJECT.  THE ABOVE SPACE IS FOR THE INDIVIDUAL IS SUBJECT.  THE ABOVE SPACE IS FOR T	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  se exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Deland provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Pelham  AL  STATE  POSTAL CODE  COUNTR  USA  E exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor
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1a. ORGANIZATION'S NAME  B.I.D. Enterprises, LLC  1b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  36 Stuart Lane  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC1.)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  S  MAILING ADDRESS  CITY  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  S  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME  CITY  Pelham  Personal Name (S)/INITIAL(S)  STATE POSTAL CODE COUNTR  AL 35124  E exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor (S)/INITIAL(S)
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Pelham Postal Code AL 35124  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; 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 UCC1.    2a. ORGANIZATION'S NAME   Postal Code   Addendum (Form UCC1.   2a. ORGANIZATION'S NAME   ADDITIONAL NAME(S)/INITIAL(S)   S   MAILING ADDRESS   CITY   STATE   POSTAL CODE   COMMITTED     STATE   POSTAL CODE   COMMITTED   COMMI	Pelham  AL 35124  USA  e exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debt
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OLLATERAL: This financing statement covers the following collateral:	Bandon II
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