JCC FINANCING STATEMENT				
OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)  Vaughn McWilliams (205) 250-9977				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Haskins Jones, LLC		202104280	000211640	
2805 2nd Ave S. Ste 200	04/28/2021 02:12:17 PM		1	
Birmingham, AL 35233		UCC4 1/2		<b>-</b>
		BOVE SPACE IS FO	OR FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exament name will not fit in line 1b, leave all of item 1 blank, check here and provide the provide only of item 1 blank, check here and provide only of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one only one one of item 1 blank, check here and provide only one only one only one one of item 1 blank, check here and provide only one one one of item 1 blank, check here and provide only one one of item 1 blank, check here and provide only one one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here and provide only one of item 1 blank, check here		te any part of the Debto	r's name); if any part of the l	Individual Debtor's
1a. ORGANIZATION'S NAME  CS Equity Partners LLC			···	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
c. MAILING ADDRESS 110 12th Street North	Birmingham	STATE	POSTAL CODE 35203	COUNTRY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exa name will not fit in line 2b, leave all of item 2 blank, check here  and p	ct, full name; do not omit, modify, or abbrevia revide the Individual Debtor information in itel			
2a. ORGANIZATION'S NAME				
)R	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
<sup>**</sup> 2b, INDIVIDUAL'S SURNAME				
	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS				COUNTRY
c. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME				COUNTRY
C. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank	SECURED PARTY): Provide only <u>one</u> Secu	red Party name (3a or 3	b)	
S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank		red Party name (3a or 3		SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS	SECURED PARTY): Provide only <u>one</u> Security  FIRST PERSONAL NAME  CITY	red Party name (3a or 3 ADDITIO	DNAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  R. MAILING ADDRESS  850 Shades Creek Parkway	SECURED PARTY): Provide only one Secu	red Party name (3a or 3	DNAL NAME(S)/INITIAL(S)	SUFFIX
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME	SECURED PARTY): Provide only <u>one</u> Security  FIRST PERSONAL NAME  CITY	red Party name (3a or 3 ADDITIO	DNAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  1c. MAILING ADDRESS  850 Shades Creek Parkway  1. COLLATERAL: This financing statement covers the following collateral:	SECURED PARTY): Provide only <u>one</u> Security  FIRST PERSONAL NAME  CITY	red Party name (3a or 3 ADDITIO	DNAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS  850 Shades Creek Parkway  4. COLLATERAL: This financing statement covers the following collateral:	SECURED PARTY): Provide only <u>one</u> Security  FIRST PERSONAL NAME  CITY	red Party name (3a or 3 ADDITIO	DNAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
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SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  850 Shades Creek Parkway  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor wherever located.	FIRST PERSONAL NAME  CITY  Birmingham	and Party name (3a or 3  ADDITION STATE AL  being administ	POSTAL CODE 35209	SUFFIX COUNTRY USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME  Oakworth Capital Bank  3b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS  850 Shades Creek Parkway  COLLATERAL: This financing statement covers the following collateral:  All assets of Debtor wherever located.	FIRST PERSONAL NAME  CITY  Birmingham  Trust (see UCC1Ad, item 17 and Instructions	administ of the control of the contr	POSTAL CODE 35209	SUFFIX COUNTRY USA  al Representative one box:

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 🗀 9a. ORGANIZATION'S NAME CS Equity Partners LLC 9b. INDIVIDUAL'S SURNAME Official Public Records Judge of Probate, Shelby County Alabama, County FIRST PERSONAL NAME Shelby County, AL 04/28/2021 02:12:17 PM S39.00 CHERRY alling 5. Buyl 20210428000211640 SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; 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 INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY 10c. MAILING ADDRESS CITY STATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME ADDITIONAL NAME(\$)/INITIAL(\$) 11b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME COUNTRY STATE POSTAL CODE 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Lot 2, according to the Survey of Lee's Subdivision, as recorded in Map Book 43, Page 80, in the Office of the Judge of Probate of Shelby County, Alabama 17. MISCELLANEOUS: