20220420000162920 04/20/2022 03:47:36 PM UCC1 1/2

UCC FINANCING STATEMENT POLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Vaughn McWilliams (205) 203-4632 B. E.MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO. (Name and Address) C. SEND ACKNOWLEDGMENT TO. (Name and Address) C. SEND ACKNOWLEDGMENT TO. (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME. Privide only gap Debtor name (1s or 1b) (use cent full name; do not one). Incidity or showevist any part of the Distance remedy in part of the Distance remedy and Debtor remedy in part of the Distance remedy in part of the Distance remedy in part of the Distance remedy and Distance remedy in part of the Distance remedy and Distance remedy					
A. NAME & PHONE OF CONTACT AT FILER (optional) Vaughn McWilliams (205) 203-4632 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, AL 35205 1. DEBTOR'S NAME. Provide only and Detror name (1a or 1b) (sac cased, fall name; so not onth, mostly, or acorewise any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 1b, leave all of form 1 dans, caced here and provide the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME C. SEQUITY Partners LLC 16. INDIVIDUAL'S SURNAME 17. MAILING ADDRESS CITY Birmingham AL 35203 20. CORGANIZATION'S NAME 21. DEBTOR'S NAME. Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME 16. NAMILING ADDRESS CITY Birmingham AL 35203 SECURED PARTY'S NAME (Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UCC1Ad) 25. ORGANIZATION'S NAME 26. MAILING ADDRESS CITY FIRST PERSONAL NAME POSTAL CODE COUNTRY AS TATE POSTAL CODE COUNTRY CORGANIZATION'S NAME POSTAL CODE COUNTRY CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFF					
A. NAME & PHONE OF CONTACT AT FILER (optional) Vaughn McWilliams (205) 203-4632 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, AL 35205 1. DEBTOR'S NAME. Provide only and Detror name (1a or 1b) (sac cased, fall name; so not onth, mostly, or acorewise any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 1b, leave all of form 1 dans, caced here and provide the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME C. SEQUITY Partners LLC 16. INDIVIDUAL'S SURNAME 17. MAILING ADDRESS CITY Birmingham AL 35203 20. CORGANIZATION'S NAME 21. DEBTOR'S NAME. Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME 16. NAMILING ADDRESS CITY Birmingham AL 35203 SECURED PARTY'S NAME (Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UCC1Ad) 25. ORGANIZATION'S NAME 26. MAILING ADDRESS CITY FIRST PERSONAL NAME POSTAL CODE COUNTRY AS TATE POSTAL CODE COUNTRY CORGANIZATION'S NAME POSTAL CODE COUNTRY CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFF					
A. NAME & PHONE OF CONTACT AT FILER (optional) Vaughn McWilliams (205) 203-4632 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, AL 35205 1. DEBTOR'S NAME. Provide only and Detror name (1a or 1b) (sac cased, fall name; so not onth, mostly, or acorewise any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 1b, leave all of form 1 dans, caced here and provide the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME C. SEQUITY Partners LLC 16. INDIVIDUAL'S SURNAME 17. MAILING ADDRESS CITY Birmingham AL 35203 20. CORGANIZATION'S NAME 21. DEBTOR'S NAME. Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UGC1Ad) 15. ORGANIZATION'S NAME 16. NAMILING ADDRESS CITY Birmingham AL 35203 SECURED PARTY'S NAME (Provide only and Debtor name (2a or 2b) (see each, full name; so not omit, mostly, or absrevate any part of the Debtor's name); if any part of the Individual Debtor information in form 10 of the Financing Statement Addredum (Form UCC1Ad) 25. ORGANIZATION'S NAME 26. MAILING ADDRESS CITY FIRST PERSONAL NAME POSTAL CODE COUNTRY AS TATE POSTAL CODE COUNTRY CORGANIZATION'S NAME POSTAL CODE COUNTRY CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR'S NAME (Provide only are Secured Party in more (3a or 3b) CORGANIZATION'S NAME OACH CAPITAL NAME (printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFFIX DEBTOR NAME (Printifial, (S) SUFF					
B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO. (Name and Address) C. SEND ACKNOWLEDGMENT TO. (Name and Address) Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, AL 35205 1. DEBTOR'S NAME. Provide only gag Debtor name (1 or 1 b) (use caset, full name; do not omit, modily, or abstraviate any part of the Debtor's name; it into 1 the fine 10, issue all of ten 1 bink, check here and provide the Individual Debtor information in item 1 of the Pinanding Statemant Addrendum (Prim UCC144) To, INDIVIDUAL'S SURNAW. PIRST PERSONAL NAME Provide only gag Debtor name (2a or 2b) (use caset, full name; do not omit, modily, or abstraviate any part of the Debtor's name; it in any part of the Individual Debtor name; it is in any part of the Debtor's name; it is not 2b, tense at lot item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addredum (Form UCC14d) 2b. INDIVIDUAL'S SURNAWE FIRST PERSONAL NAME PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 2c. ORGANIZATION'S NAME OR ADDITIONAL NAME(S)INITIAL(S) SUFFIX 3. SECURED PARTY'S NAME (or NAME of ASSIGNED ASSIGNOR SECURED PARTY); Provide only gag Secured Party name (3a or 3b) 3. SECURED PARTY'S NAME (or NAME of ASSIGNED ASSIGNOR SECURED PARTY); Provide only gag Secured Party name (3a or 3b) 3. SECURED PARTY'S NAME ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE ORGANIZATION'S NAWE					
B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, A.I. 35205 1. DEBTOR'S NAME. Provide only gog Debtor name (1a or 1b) (use exact, full name; do not ornit, mortly, or abtroviate any part of the Debtor's name; if any part of the Individual Debtor name will not lit in line 1b, tieve all of len't blank, check here and provide the Individual Debtor information in item 10 of the Financing Situtement Addendum (Form UCC1Ad) To. RORANIZATION'S NAME PRIST PERSONAL NAME On MALING ADDRESS OR OR PRIST PERSONAL NAME OR OR PRIST PERSONAL NAME OR OR OR PRIST PERSONAL NAME OR OR OR OR OR PRIST PERSONAL NAME OR OR OR OR OR OR OR OR OR O	` • · · · ·				
Compton Jones Dresher 2170 Highland Ave S., Ste 250 Birmingham, AL 35205 1. DEBTOR'S NAME: Provide only gang Debtor name (1s or 1b) (use exect. full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in ine 1b, leave all of tenn 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 15. DRAWLETION'S NAME CS Equity Partners LLC 16. INDIVIDUAL'S SURNAME 17. MAILING ADDRESS 18. ORGANIZATION'S NAME CPSTAL CODE COUNTRY 11.0 12th Street North C. DEBTOR'S NAME: Provide only gang Debtor name (2s or 2b) (use exect, full name; do not omit, modify, or abbreviate any part of the Debtor; name); if any part of the Individual Debtor name will not fit in line 2b, leave all of ten 2 blank, check here and provide the Individual Debtor information in tenn 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gang Secured Party name (3s or 3b) 3a. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gang Secured Party name (3s or 3b) 3a. ORGANIZATION'S NAME OAK worth Capital Bank OAK worth Capital Bank ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3b. DIRIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS BY MAILING A	· · ·				
2170 Highland Ave S., Ste 250 Birmingham, AI. 35205 1. DEBTOR'S NAME. Provide only and Debtor name (1a or 1b) (use exact, full name; do not ome, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in them 10 of the Financing Statement Addendum (Form UCC1Ad) 1. ORGANIZATION'S NAME CS Equity Partners LLC 1. Individual Debtor and provide the Individual Debtor information in them 10 of the Financing Statement Addendum (Form UCC1Ad) 1. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFHX 1. DEBTOR'S NAME. Provide only and 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 them 10 of the Financing Statement Addendum (Form UCC1Ad) 2. DEBTOR'S NAME. Provide only and 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 them 10 of the Financing Statement Addendum (Form UCC1Ad) 2. DEBTOR'S NAME. Provide only and 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 them 10 of the Financing Statement Addendum (Form UCC1Ad) 2. DEBTOR'S NAME. Provide only and Debtor information in them 10 of the Financing Statement Addendum (Form UCC1Ad) 2. DEBTOR'S NAME. Provide only and Debtor information in them 10 of the Financing Statement Addendum (Form UCC1Ad) 3. SECURED PARTY'S NAME (or NAME or NAME o	C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Birmingham, AL 35205 1. DEBTOR'S NAME: Provide only and Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if nay part of the Individual Debtor name will not fit in ine 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME CS Equity Partners LLC To INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INTITIAL(S) SUFFIX 110 12th Street North CITY Birmingham AL STATE POSTAL CODE COUNTRY 110 12th Street North Birmingham AL STATE POSTAL CODE COUNTRY 110 12th Street North STATE ADDITIONAL NAME(S/INTITIAL(S) SUFFIX CONTRY 110 12th Street North CONTRY 110 12th Street North STATE POSTAL CODE COUNTRY 110 12th Street North CONTRY 110 12th Street North CONTRY C	-				
1. 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 name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a, ORGANIZATION'S NAME CS Equity Partners LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY Birmingham AL STATE POSTAL CODE COUNTRY 10 12th Street North Birmingham AL S5203 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or aboreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3. SECURED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME OAkworth Capital Bank OAkworth Capital Bank 5b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY SIGNED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME OAkworth Capital Bank OA POSTAL CODE OAND AND AND AND AND AND AND AND AND AND	· · · · · · · · · · · · · · · · · · ·				
1. 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 name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a, ORGANIZATION'S NAME CS Equity Partners LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY Birmingham AL STATE POSTAL CODE COUNTRY 10 12th Street North Birmingham AL S5203 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or aboreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3. SECURED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME OAkworth Capital Bank OAkworth Capital Bank 5b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY SIGNED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME OAkworth Capital Bank OA POSTAL CODE OAND AND AND AND AND AND AND AND AND AND					
name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME CS Equity Partners LLC 1b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 1d. MAILING ADDRESS 2d. DEBTOR'S NAME: Provide only one only on			ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
Tal. ORGANIZATION'S NAME CS Equity Partners LLC 11. INDIVIDUAL'S SURNAME 12. MAILING ADDRESS 13. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exect, full name; do not omit, modify, or absreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY AL STATE POSTAL CODE COUNTRY STATE OADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sa. ORGANIZATION'S NAME OAWOORTH Capital Bank DI. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sa. ORGANIZATION'S NAME OAWOORTH Capital Bank Sc. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sa. ORGANIZATION'S NAME OAWOORTH Capital Bank Sc. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sa. ORGANIZATION'S NAME OAWOORTH Capital Bank Sc. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sc. MAILING ADDRESS STATE POSTAL CODE COUNTRY STATE POS					
CS Equity Partners LLC 15. INDIVIDUAL'S SURNAWE 16. MAILING ADDRESS 17. DEBTOR'S NAME: Provide only one Debtor name (2e 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 name will not fit in line: 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAWF 1c. MAILING ADDRESS 1c.		and provide the Individual Debtor information in	item 10 of the Financing St	atement Addendum (Form C	CC1Ad)
16. INDIVIDUAL'S SURNAME 16. MAILING ADDRESS 110 12th Street North 2. 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's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY FIRST PERSONAL NAME OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY BIRMING ADDRESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY	CS Equity Partners LLC				
110 12th Street North 2. 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 name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME CITY STATE POSTAL CODE COUNTRY 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME THIST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS GITY BITMINGHAM AL BITMINGHAM BITMINGHAM AL BITMINGHAM BIT	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
110 12th Street North 2. 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 name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME TRIST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. ORGANIZATION'S NAME Oakworth Capital Bank 3c. MAILING ADDRESS BITMINGHAM AL BOSTAL CODE COUNTRY USA USA	10 MAILING ADDDESS	CITV	STATE	TROSTAL CODE	COLINTRY
2. 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's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY			l		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME TIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY BIRMING ADDRESS BIRMING ADDRESS AL 35209 USA	2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (u		viate any part of the Debtor	's name); if any part of the I	ndividual Debtor's
26. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY BY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY AL 35209 COUNTRY USA		and provide the Individual Debtor information in	item 10 of the Financing St	atement Addendum (Form L	CC1Ad)
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 850 Shades Creek Parkway Birmingham AL 35209 CUTY USA	2a. ORGANIZATION'S NAME				
3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 850 Shades Creek Parkway CITY Birmingham AL Birmingham AL STATE POSTAL CODE COUNTRY USA	OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3. 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 Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 850 Shades Creek Parkway CITY Birmingham AL STATE POSTAL CODE COUNTRY USA					
3a. ORGANIZATION'S NAME Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME CITY So Shades Creek Parkway CITY Birmingham CITY Birmingham ADDITIONAL NAME(S)/INITIAL(S) COUNTRY AL COUNTRY COUNTRY COUNTRY AL COUNTRY	2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3a. ORGANIZATION'S NAME Oakworth Capital Bank 3b. INDIVIDUAL'S SURNAME CITY So Shades Creek Parkway CITY Birmingham CITY Birmingham ADDITIONAL NAME(S)/INITIAL(S) COUNTRY AL COUNTRY COUNTRY COUNTRY AL COUNTRY	2. CECLIDED DARTVIC NAME (CANADA A A COLONEE A CARO	IONOR REQUIRED BARTIO. Browide and the con-		- X	
3b. INDIVIDUAL'S SURNAME 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY Birmingham AL 35209 USA		IGNOR SECURED PARTY): Provide only <u>one</u> Se	cured Party name (3a or 3) 	
36. INDIVIDUAL'S SURNAME 36. INDIVIDUAL'S SURNAME 36. MAILING ADDRESS 36. MAILING ADDRESS CITY Birmingham AL 35209 COUNTRY USA					
850 Shades Creek Parkway Birmingham AL 35209 USA	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
850 Shades Creek Parkway Birmingham AL 35209 USA	ac. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				1	

The Mortgage is recorded in Instrument No. 20220328000125660.

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 Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Dublic-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	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: File with the Probate Court of Shelby County, Alabama	

20220420000162920 04/20/2022 03:47:36 PM UCC1 2/2

Oc. MAILING ADDRESS CITY STATE POSTAL CODE 1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S)	Ollin 5		
Filed and Recorded Official Phalis Records Judge of Probate, Shelby County Alaba Clerk Shelby County, AL 64202022 03-47-36 PM 539.00 JOANN 20220420000162920 ADDITIONAL NAME (Sylnitials) DESTOR'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 exide not only, and 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 INDIVIDUAL'S ADDITIONAL NAME(Sylnitials) DE MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11b. INDIVIDUAL'S SURNAME 11c. ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylnitials) 11a. ORGANIZATION'S NAME ADDITIONAL NAME(Sylnitials) 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(Sylnitials) 11c. ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylnitials) 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(Sylnitials) C. MAILING ADDRESS CITY STATE POSTAL CODE	Ollin 5		
Official Public Records Judge of Probate, Shelby County, AL Judge	Ollin 5		
Sundividual's surname 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 exade on or omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c. 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POS"AL CODE ADDITIONAL SECURED PARTY'S NAME Individual's Surname Individual's Surname Tile. ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only one name (1"a or 11b) The Individual's Surname ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE US THE ABOV	Ollin 5		
HRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 extended to not only, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS GITY STATE POSTAL CODE ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11c. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) 11d. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11d. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) 11d. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11d. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) 11d. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)	E ONLY		
FRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 excited 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 2. MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE	E ONLY		
ADDITIONAL NAME(s)/INITIAL(s) DEBTOR'S NAME: Provide (10e 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 do not omit, modify, or abbreviate any part of the Deptor's name) and enter the mailing address in line 10c 10a ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(s)/INITIAL(s) 2. MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11b. INDIVIDUAL'S SURNAME 11c. INDIVIDUAL'S SURNAME 11d. INDIVI	E ONLY		
THE ABOVE SPACE IS FOR FILING OFFICE US 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 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 2. MAILING ADDRESS CITY STATE POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) 2. MAILING ADDRESS CITY STATE POSTAL CODE 3. STATE POSTAL CODE 4. DESTAL CODE CITY STATE POSTAL CODE 3. STATE POSTAL CODE 4. DESTAL CODE CITY STATE POSTAL CODE			
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 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE			
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 ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS CITY STATE POSTAL CODE 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE	act, full name;		
10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE			
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE . ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME C. MAILING ADDRESS CITY STATE POSTAL CODE C. MAILING ADDRESS			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE . ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE			
C. MAILING ADDRESS CITY STATE POSTAL CODE ADDITIONAL SECURED PARTY'S NAME orASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE			
ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE	SUFFIX		
ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE	COUNTRY		
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE			
Table Individual's Surname Additional Name(s)/Initial(s)			
11b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS CITY ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE			
	SUFFIX		
	COLINITON		
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	COUNTRY		
. Inis FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT:			
. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):			
Lot 2, according to the Survey of Lee's Subdivision, as recor			
Map Book 43, Page 80, in the Office of the Judge of Probate	of		
Shelby County, Alabama			

17. MISCELLANEOUS: