UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Mary McCarty - (205) 874-7950					
B. E-MAIL CONTACT AT FILER (optional)					
mmccarty@gattorney.com		2022042	290001	75340	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	·				
Mary McCarty Gordon, Dana & Gilmore, LLC			_	30:09 AM	
600 University Park Place, Ste 100		UCC1	1/2		
Birmingham, AL 35209					
		**************************************	) D. a. c a. c. c		
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use executed name will not fit in line 1b, leave all of item 1 black, shock bore.	ct, full name; do not omit, modify, or a	bbreviate any pa	of the Debtor	R FILING OFFICE USE	ONLY odlyidual Debtode
BOO PE	rovide the Individual Debtor Informatio	n in item 10 of th	ne Financing St	atement Addendum (Form U	ICC1Ad)
1a. ORGANIZATION'S NAME TDF Holdings, LLC					······································
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<del></del>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4855 Meadow Brook Road	Birmingham		STATE	POSTAL CODE 35242	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use exact			}	1	USA
name will not fit in line 2b, leave all of Item 2 blank, check here and pr	ovide the individual Debtor information	obreviate any pa in in item 10 of th	it of the Debtor le Financing St	's name); if any part of the Ir alement Addendum (Form U	ndividual Debtor's (CC1Ad)
2a. ORGANIZATION'S NAME TDF Education, LLC			<u> </u>		
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	·	ADDITIO	NAL NAME(S)/INITIAL(S)	(C) (proprie) \ (
			7.001,10	WE INVESTIGATION	SUFFIX
2c. MAILING ADDRESS 4855 Meadow Brook Road	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
	Birmingham		AL	35242	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	SECURED PARTY): Provide only on	e Secured Party	name (3a or 3b	)	
Central State Bank					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11025 Highway 25	Calera		AL	35040	USA
4. COLLATERAL: This financing statement covers the following collateral:		<u>-</u>			
All property now or hereafter affixed or attached of including without limitation all furnaces, heating electrical fixtures, conduits, plumbing, sinks, partitional floor, ceiling and wall coverings, and all replace permitted by law shall be deemed fixtures and a partitional fixtures.	quipment, air conditions tions, restroom fixtures, cements thereof and substitute of the real property.	ers, fans, w light fixtur stitutions th	ater heate es, windo ierefor, w	rs, pipes, ducts, wi ws and window cov hich, to the fullest	ring and verings, extent
This UCC-1 is filed as additional collateral for an in	ndebtedness secured by	a mortgage	recorded	simultaneously he	erewith.
5. Check only if applicable and check only one box: Collateral is held in a feat. Check only if applicable and check only one box:	Trust (see UCC1Ad, Item 17 and Insti			ed by a Decedent's Persons	
Public-Finance Transaction Manufactured-Home Transaction	n A Debtor is a Transmittir	i	<del></del>	ral Lien Non-UCC	
terrend to the second s		, , , , , , , , , , , , , , , , , , , ,		( EXCIPCIO	

8. OPTIONAL FILER REFERENCE DATA:
- fixture filing - TDF Holdings, LLC

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2000000 ///	FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lividual Debtor name did not fit, check here	line 1b was left blank				
ŧ	NIZATION'S NAME Holdings, LLC					
	ALVIURII 63, LILIU	·····				
9b. INDIV	DUAL'S SURNAME					
FIRST	PERSONAL NAME					
ADDI	IONAL NAME(S)/INITIAL(S)	SUFFIX				
. DEBTO	R'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or	Debtor name that did not fit in			S FOR FILING OFFICE tatement (Form UCC1) (use	
go not om	t, modify, or abbreviate any part of the Debtor's name) and enter the m ANIZATION'S NAME	ailing address in line 10c			· · · · · · · · · · · · · · · · · · ·	
10b. INDI	/IDUAL'S SURNAME	······································		·		<u>-</u> .
INDI	/IDUAL'S FIRST PERSONAL NAME		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
INDI'	/IDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · · · · · · · · · · · · · · ·	<u> </u>			SUFFIX
. MAILING	ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTE
·······	TIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY'	S NAME: Provide only	<u>one</u> na	me (11a or 11b)	
11b. INDI	/IDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	ADDRESS	CITY			IDOSTAL CODE	COLINITE
: MAILING		CITY	ST	TATE	POSTAL CODE	COOMIT
	NAL SPACE FOR ITEM 4 (Collateral):		ST	1 A 1 E	POSTAL CODE	COUNT
ADDITIO	INANCING STATEMENT is to be filed [for record] (or recorded) in the ESTATE RECORDS (if applicable)	14. This FINANCING STATE    covers timber to be constant	MENT:			
. ADDITIO	INANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:			fixture filing