20220721000286750 07/21/2022 10:46:39 AM UCC6 1/3

UCC6 1/3 UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Phyllis Jones 423 386 2403 B. E-MAIL CONTACT AT FILER (optional) phyllis.jones@pnfp.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Pinnacle Bank 801 Broad Street Chattanooga TN 37402 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20210826000416350 08-26-2021 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 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 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete ADD name: Complete item _ DELETE name: Give record name This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, <u>and</u> item 7c to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME Mashburn Outdoor, LLC 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL 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 omit, modify, or abbreviate any part of the Debtor's name). 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral: 9. 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 9a. ORGANIZATION'S NAME Pinnacle Bank FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA:

20220721000286750 07/21/2022 10:46:39 AM UCC6 2/3

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financir because Individual Debtor name did not fit, check here				
- Decause monymular Debior Halle Old DOUBL CRECK Nere 1 - 1	ng Statement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
Mashburn Outdoor, LLC				
<u> </u>				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEDTORIO MANA			S FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional logonated do not omit, modify, or abbreviate any part of the Debtor's name).		o or 2b of the Financing S	tatement (Form UCC1) (use	exact, full nam
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
		•		
		•		
		•		
. This FINANCING STATEMENT is to be filed [for record] (or re	recorded) in the 14. This FINANCING STATEMENT	•		
This FINANCING STATEMENT is to be filed [for record] (or need). REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FINANCING STATEMENT	: covers as-extracted	collateral is filed as a	fixture filing
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe	covers timber to be cut	<u> </u>	collateral is filed as a	fixture filing
REAL ESTATE RECORDS (if applicable)	covers timber to be cut	<u> </u>	collateral is filed as a	fixture filing
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): eton Property Corporation of North Alaban	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00	covers as-extracted 1 001.005		fixture filing
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): 6. Seton Property Corporation of North Alaban /o St. Vincent's Health System	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument	Covers as-extracted 1 001.005 No. 20190219006	0052450;	fixture filing
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): eton Property Corporation of North Alabam O St. Vincent's Health System TTN: Real Estate Office	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument	Covers as-extracted 1 001.005 No. 20190219000 No. 2019021900	0052450; 0052440	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): Seton Property Corporation of North Alabam /o St. Vincent's Health System ATTN: Real Estate Office 10 St Vincent Drive	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument General Description: S	Covers as-extracted 1 001.005 No. 20190219006 No. 2019021900 Southeast Quadr	0052450; 0052440 ant of I-65 and Hig	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): Seton Property Corporation of North Alabam /o St. Vincent's Health System ATTN: Real Estate Office 10 St Vincent Drive	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument	Covers as-extracted 1 001.005 No. 20190219006 No. 2019021900 Southeast Quadr	0052450; 0052440 ant of I-65 and Hig	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): eton Property Corporation of North Alabam o St. Vincent's Health System TTN: Real Estate Office 10 St Vincent Drive	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument General Description: S	Covers as-extracted 1 001.005 No. 20190219006 No. 2019021900 Southeast Quadr	0052450; 0052440 ant of I-65 and Hig	
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): eton Property Corporation of North Alabam o St. Vincent's Health System TTN: Real Estate Office 10 St Vincent Drive	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument General Description: S	Covers as-extracted 1 001.005 No. 20190219006 No. 2019021900 Southeast Quadr	0052450; 0052440 ant of I-65 and Hig	
Name and address of a RECORD OWNER of real estate describe	covers timber to be cut 16. Description of real estate: Parcel No. 13 6 24 4 00 Deed Rer: Instrument Instrument General Description: S	Covers as-extracted 1 001.005 No. 20190219006 No. 2019021900 Southeast Quadr	0052450; 0052440 ant of I-65 and Hig	

20220721000286750 07/21/2022 10:46:39 AM UCC6 3/3 **CERTIFICATE OF AUTHENTICITY**

I,	Phyllis Jones	, do he	reby make oath tha	at I am a licensed	attorney
and/or the cu	stodian of the origin	nal version of the e	lectronic document	t tendered for re	gistration
herewith and	that this electronic	document is a tru	e and exact copy	of the original	document
executed and	authenticated accord	ling to law on	<u>)7-21-2022</u>	(date of do	ocument).
			Signature	Mi Jane	<u>) </u>
			Date	7-21-2022	<u> </u>
STATE OF I	FENNESSEE Fanillar				
Sworn	to and s	ibscribed before	me this	21st	lay of
	July	, 20 <u>22</u>			MINIA STILY COME
MY COMMIS	SSION EXPIRES: _	le/12/24	Notary's Signature Nota	gnature ary Seal (if on pa	OF TENNESSEE NOTARY



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/21/2022 10:46:39 AM
\$.00 BRITTANI
20220721000286750

alli 5. Beyl