20250409000105980 04/09/2025 03:42:08 PM UCC1 1/2

UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS | | | | |
|--|--|--------------------------------------|---|---------------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed I | n: Alabama (Shelby) | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMAT | THE ABOVE | SPACE IS FO | OR FILING OFFICE USE | ONLY |
| 1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full na not fit in line 1b, leave all of item 1 blank, check here | me; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the Fir | | | l Debtor's name will |
| 1a. ORGANIZATION'S NAME | | | | |
| OR 1b. INDIVIDUAL'S SURNAME MEGGINSON | FIRST PERSONAL NAME WILLIAM | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 201 SILVER CREEK PKWY | CITY ALABASTER | STATE | POSTAL CODE 35007 | COUNTRY |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full na not fit in line 2b, leave all of item 2 blank, check here | | | | Debtor's name will |
| 2a. ORGANIZATION'S NAME | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIC | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR 3a. ORGANIZATION'S NAME FIFTH THIRD BANK, NATIONA | · · · · · · · · · · · · · · · · · · · | ne (3a or 3b) | | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 38 FOUNTAIN SQUARE PLAZA 1MOBA5 | CINCINNATI | STATE | POSTAL CODE 45263 | COUNTRY |
| 4. COLLATERAL: This financing statement covers the following collateral: ALL OF THE DEBTORS RIGHT TITLE AND INTERESTINATION FINANCED BY AND SUBJECT TO FIFTH THE ADDITION THE SECURITY INTEREST INCLUDES A RESPECT TO THE REFERENCED COLLATERAL ACCOLLATERAL THAT DEBTOR MAY RECEIVE OR ECOLLATERAL AMOUNT: \$ 17,431.00 | R INSTALLED ON 201 SILVE IRD BANK, N.A.s PURCHASE ALL WARRANTIES AND INSU AND ANY OTHER ECONOMIC | R CREEK MONEY JRANCE BENEFI | SECURITY INTERPRESENTATION PROCEEDS ISSUEDS RELATED TO | TER AL REST. IN JED WITH THE |
| 6a. Check only if applicable and check only one box: | | b. Check <u>only</u> i | red by a Decedent's Personal f applicable and check <u>only</u> or | ne box: |
| Public-Finance Transaction Manufactured-Home Transaction | A Debtor is a Transmitting Utility | | tural Lien Non-UCC | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA: | Consignee/Consignor Seller/Buyer | Ba | ailee/Bailor Licen | nsee/Licensor |
| | | | | 3094 7612 |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| 9a. ORGANIZATION'S NAME | | | | |
|--|---|---|---|--|
| 9b. INDIVIDUAL'S SURNAME | | | | |
| MEGGINSON FIRST PERSONAL NAME | | | | |
| WILLIAM ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional | | | IS FOR FILING OFFICE | |
| do not omit, modify, or abbreviate any part of the Debtor's name) a | | | | |
| 10a. ORGANIZATION'S NAME | | | | |
| 10b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| . ADDITIONAL SECURED PARTY'S NAME or | ASSIGNOR SECURED PARTY'S NAME | E: Provide only <u>one</u> nan | ne (11a or 11b) | |
| 11a. ORGANIZATION'S NAME | | | | |
| 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | FIRST PERSONAL NAME CITY | ADDITIO | NAL NAME(S)/INITIAL(S) POSTAL CODE | SUFFIX |
| 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS d. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | CITY Filed and Recorded | ds elby County Alab | POSTAL CODE | COUNTRY |
| 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS d. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record). REAL ESTATE RECORDS (if applicable) | Filed and Recorded Official Public Recor Judge of Probate, Sh Clerk Shelby County, AL 04/09/2025 03:42:08 I \$65.25 JOANN 20250409000105980 Pecorded) in the 14. This FINANCING STATEMENT: Covers timber to be cut | ds elby County Alab | ama, County | COUNTRY |
| 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled [for record] (or received a second seco | Filed and Recorded Official Public Recor Judge of Probate, She Clerk Shelby County, AL 04/09/2025 03:42:08 1 \$65.25 JOANN 20250409000105980 Pecorded) in the 14. This FINANCING STATEMENT: Covers timber to be cut | STATE STATE State Covers as-extracted of the state of | ama, County Collateral is filed as a | COUNTRY Buy C fixture filing |
| This FINANCING STATEMENT is to be filed [for record] (or record and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): **VILLIAM MEGGINSON** | Filed and Recorded Official Public Recor Judge of Probate, Shelby County, AL 04/09/2025 03:42:08] \$65.25 JOANN 20250409000105980 ecorded) in the 14. This FINANCING STATEMENT: covers timber to be cut d in item 16 16. Description of real estate: THE FOLLOWING DES | STATE STATE STATE Of Selby County Alab Covers as-extracted of SCRIBED REA ABAMA: Of THE MAP A STATE STATE STATE STATE | POSTAL CODE ama, County collateral is filed as a L ESTATE, SITUA ND SURVEY OF NIN MAP BOOK 2 | fixture filing ATED IN SILVER 26, PAGE |