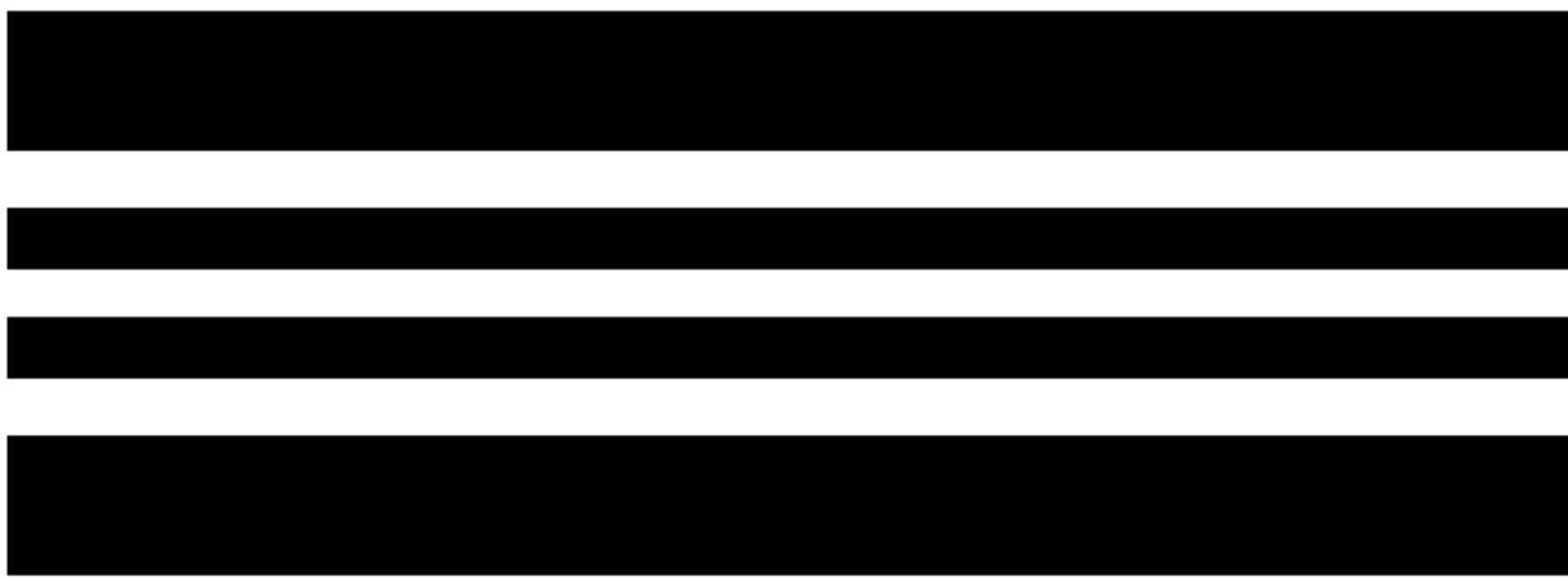




UCC FINANCING STATEMENT AMENDMENT  
FOLLOW INSTRUCTIONS

|                                                                                                                             |                                  |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                  |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 7183 -                                                                        |                                  |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 105636369<br><br>ALAL<br>FIXTURE |
| File with: Shelby, AL                                                                                                       |                                  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>20030131000062260 1/31/2003 CC AL Shelby                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                         |
| 3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
| 4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE:<br>Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to:<br>This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |                                                                                                                                                                                                                                                         |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                         |
| 6a. ORGANIZATION'S NAME<br>Esser Twin Pipe, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                                                              |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7b. INDIVIDUAL'S SURNAME<br>INDIVIDUAL'S FIRST PERSONAL NAME<br>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX                                                                                                                                    |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY<br>STATE<br>POSTAL CODE<br>COUNTRY                                                                                                                                                                                                                 |
| 8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         |

|                                                                                                                                                                                                                                                                                   |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                                                                                            |
| 9a. ORGANIZATION'S NAME<br>SouthTrust Bank                                                                                                                                                                                                                                        |                                                                                            |
| OR                                                                                                                                                                                                                                                                                | 9b. INDIVIDUAL'S SURNAME<br>FIRST PERSONAL NAME<br>ADDITIONAL NAME(S)/INITIAL(S)<br>SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Esser Twin Pipe, L.L.C.<br>105636369                                                                                                                                                                                              |                                                                                            |



UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

|                                                                                                                            |                                             |        |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form<br>20030131000062260 1/31/2003 CC AL Shelby |                                             |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form                                             |                                             |        |
| OR                                                                                                                         | 12a. ORGANIZATION'S NAME<br>SouthTrust Bank |        |
|                                                                                                                            |                                             |        |
|                                                                                                                            | 12b. INDIVIDUAL'S SURNAME                   |        |
|                                                                                                                            | FIRST PERSONAL NAME                         |        |
|                                                                                                                            | ADDITIONAL NAME(S)/INITIAL(S)               | SUFFIX |

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|                                                                                                                                                                                                                                                                                                                                                               |                                                     |                     |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|-------------------------------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only <u>one</u> Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit |                                                     |                     |                               |
| OR                                                                                                                                                                                                                                                                                                                                                            | 13a. ORGANIZATION'S NAME<br>Esser Twin Pipe, L.L.C. |                     |                               |
|                                                                                                                                                                                                                                                                                                                                                               | 13b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                                                                                                                                                                                               |                                                     |                     | SUFFIX                        |

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

Esser Twin Pipe, L.L.C. - , , AL

Secured Party Name and Address:

SouthTrust Bank - PO Box 2554 , Birmingham, AL 35290



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
09/04/2025 12:28:44 PM  
\$.00 KELSEY  
20250904000271870

*Allen S. Bayl*

|                                                                                                                                                                                                                      |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 15. This FINANCING STATEMENT AMENDMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing | 17. Description of real estate:<br>See attached Exhibit A |
| 16. Name and address of a RECORD OWNER of real estate described in item 17<br>(if Debtor does not have a record interest):                                                                                           |                                                           |

18. MISCELLANEOUS: 105636369-AL-117 7183 - WELLBBG-CALIFORNIA-7 SouthTrust Bank File with: Shelby, AL