20251006000306750 10/06/2025 08:02:32 AM 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)  |                       |  |                    |   |                      |
| 3239 58364<br>CSC  |                       |  |                    |   |                      |
| CSC<br>801 Adlai Stevenson Drive   |                       |  |                    |   |                      |
|  | n: Alabama            |  |                    |   |                      |
|  | (Shelby)              |  |                    |   |                      |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMAT   | TION                  | THE ABOVE SPA  | ACE IS FO          | R 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   |                       | dify, or abbreviate any part of the I<br>nformation in item 10 of the Financi  |                    |   | l Debtor's name will |
| 1a. ORGANIZATION'S NAME  |                       |  |                    |   |                      |
| OR 1b. INDIVIDUAL'S SURNAME  | FIRST PERSONA         | L NAME   | ADDITIO            | NAL NAME(S)/INITIAL(S)  | SUFFIX               |
| BURTON   | CARLOS                |  | С                  |   |                      |
| 1c. MAILING ADDRESS 116 WISTERIA DR  | CITY                  |  | STATE              | POSTAL CODE   | COUNTRY              |
| THE THE PERSON OF THE PERSON O | ALABASTER             |  |                    | 35007   | USA                  |
| 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  |                       | lify, or abbreviate any part of the D<br>nformation in item 10 of the Financi  |                    |   | Debtor's name will   |
|  | the individual Debtor |  | ng statemer        | it Addendam (Form Occirad)  |                      |
| 2a. ORGANIZATION'S NAME  |                       |  |                    |   |                      |
| OR 2b. INDIVIDUAL'S SURNAME  | FIRST PERSONA         | L NAME   | ADDITIO            | NAL NAME(S)/INITIAL(S)  | SUFFIX               |
| 0- NAULING ADDDECO   | OIT /                 |  | OTATE              | TROOTAL CORE  | COLINTEN             |
| 2c. MAILING ADDRESS  | CITY                  |  | STATE              | POSTAL CODE   | COUNTRY              |
| 2. CECLIDED DADTV'C NAME ( NAME (ACCIONES (ACCIONOS OSCUE  |                       |  |                    |   |                      |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR   |                       |  |                    |   |                      |
| 3a. ORGANIZATION'S NAME Cross River Bank and its succe   | essors and as         | ssigns c/o Marlette S  | Servicin           | g, LLC  |                      |
| OR 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONA         |  |                    | NAL NAME(S)/INITIAL(S)  | SUFFIX               |
| 30. INDIVIDUAL 3 SUITIANIL   | TINGT PLICOUNA        | LINAIVIL   |                    |   | 301117               |
| O- MAILING ADDDECC O 440 O'L L. D. L   | CITY                  |  | CTATE              | TDOSTAL CODE  | COLINTOV             |
| 3c. MAILING ADDRESS 3419 Silverside Road   | CITY                  |  | STATE              | POSTAL CODE   | COUNTRY              |
|  | Wilmington            |  | DE                 | 19810   | USA                  |
| All fixtures now or hereafter securely and/or permaner effects and household goods or appliances that are in Fixture Definition: An object physically and permaner have the following method of attachment; bolted, screany other part of the home.  Proposed Fixtures include but not limited to: Built-in cabinets and shelving Bathroom vanities Light fixtures Indebtedness: \$25000.00  | not considered        | ed fixtures under apport or fastened to the property of the pr | licable<br>roperty | law.<br>. This includes ite   | ms that              |
| 5. Check only if applicable and check only one box: Collateral is held in a Trust (6a. Check only if applicable and check only one box:  | (see UCC1Ad, item 1   |  |                    | red by a Decedent's Personal<br>f applicable and check <u>only</u> or |                      |
| Public-Finance Transaction Manufactured-Home Transaction   | A Debtor is a         | Transmitting Utility   | Agricul            | tural Lien Non-UCC  | Filing               |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor  | Consignee/Consign     | or Seller/Buyer  | Ва                 | ilee/Bailor Licen   | see/Licensor         |
| 8. OPTIONAL FILER REFERENCE DATA:  |                       |  |                    |   | 3239 58364           |

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| SUFFIX  ne that did not fit in line 1b ss in line 10c  CURED PARTY'S N  PERSONAL NAME   | o or 2b of the Finance   | STATE  | POSTAL CODE   | SUFFIX SUFFIX  |
|---|--|--|---|--|
| ne that did not fit in line 1b ss in line 10c   | o or 2b of the Finance   | STATE  ADDITIO   | POSTAL CODE  POSTAL CODE  NAL NAME(S)/INITIAL(S   | SUFFIX SUFFIX  |
| ne that did not fit in line 1b ss in line 10c   | o or 2b of the Finance   | STATE  ADDITIO   | POSTAL CODE  POSTAL CODE  NAL NAME(S)/INITIAL(S   | SUFFIX SUFFIX  |
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| ne that did not fit in line 1b ss in line 10c   | o or 2b of the Finance   | STATE  ADDITIO   | POSTAL CODE  POSTAL CODE  NAL NAME(S)/INITIAL(S   | SUFFIX SUFFIX  |
| SS IN line 10c  |  | STATE  ally one name   | POSTAL CODE  ne (11a or 11b)  NAL NAME(S)/INITIAL(S   | SUFFIX SUFFIX  |
|   | NAME: Provide on   | nly <u>one</u> nam   | ne (11a or 11b)  NAL NAME(S)/INITIAL(S  | S) SUFFIX  |
|   | NAME: Provide on   | nly <u>one</u> nam   | ne (11a or 11b)  NAL NAME(S)/INITIAL(S  | S) SUFFIX  |
|   | NAME: Provide on   | nly <u>one</u> nam   | ne (11a or 11b)  NAL NAME(S)/INITIAL(S  | S) SUFFIX  |
|   | NAME: Provide on   | nly <u>one</u> nam   | ne (11a or 11b)  NAL NAME(S)/INITIAL(S  | S) SUFFIX  |
|   | NAME: Provide on   | nly <u>one</u> nam   | ne (11a or 11b)  NAL NAME(S)/INITIAL(S  | S) SUFFIX  |
|   | NAME: Provide on   | ADDITIO  | NAL NAME(S)/INITIAL(S   |  |
|   | NAIVIE: Provide on   | ADDITIO  | NAL NAME(S)/INITIAL(S   |  |
| PERSONAL NAME   |  |  |   |  |
|   |  | STATE  | IDOSTAL CODE  |  |
|   |  | ISTATE   | IDOSTAL CODE  |  |
|   |  |  | FOSTAL CODE   | COUNT  |
|   |  |  |   |  |
| Filed and Recorded<br>Official Public Record<br>Judge of Probate, She<br>Clerk<br>Shelby County, AL<br>10/06/2025 08:02:32 A<br>\$76.50 BRITTANI<br>20251006000306750 | elby County Alak   |  |   |  |
| _   |  |  | -U-4I   | &  |
| scription of real estate:   |  | extracted co   | ioliaterai 🗾 is ilied   | as a fixture filing  |
| WISTERIA DR<br>BASTER, AL 35  |  |  |   |  |
| /TWNSHP/RAN   | N 14 21S 03  | 3W NBF   | RHD: 02 WISTI   | ERIA R-2   |
|   | Shelby County, AL 10/06/2025 08:02:32 \$76.50 BRITTANI 20251006000306750  is FINANCING STATEME covers timber to be cut escription of real estate: 1: 23614100300  perty Address: WISTERIA DR ABASTER, AL 38 Iby County | Shelby County, AL 10/06/2025 08:02:32 AM \$76.50 BRITTANI 20251006000306750   is FINANCING STATEMENT:  covers timber to be cut covers as- escription of real estate:  1: 236141003005000  perty Address: WISTERIA DR ABASTER, AL 35007  lby County | Shelby County, AL 10/06/2025 08:02:32 AM \$76.50 BRITTANI 20251006000306750   Dis FINANCING STATEMENT:    covers timber to be cut | Shelby County, AL 10/06/2025 08:02:32 AM \$76.50 BRITTANI 20251006000306750  Dis FINANCING STATEMENT:    covers timber to be cut |