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|  |  |  |   |  |
| FIRST PERSONAL NAME  KAYELA  | ADDITION   | ADDITIONAL NAME(S)/INITIAL(S)  |   |  |
| ALABASTER  | STATE  | POSTAL CODE 35007  | COUNTRY   |  |
|  |  |  | not fit in line 2b, leave all o   |  |
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| FIRST PERSONAL NAME  | ADDITION   | IAL NAME(S)/INITIAL(S)   | SUFFIX  |  |
| CITY   | STATE  | POSTAL CODE  | COUNTRY   |  |
| R SECURED PARTY): Provide only one Secure  | d Party name (3a or  | 3b)  |   |  |
|  |  |  |   |  |
| FIRST PERSONAL NAME  | ADDITION   | NAL NAME(S)/INITIAL(S)   | SUFFIX  |  |
| CITY   | STATE  | POSTAL CODE  | COUNTRY   |  |
| ODESSA   | ·  | 33330  |   |  |
| PARTY'S INTEREST IN THE COPERTY TO WHICH COLLATER  | OLLATERAL,<br>RAL IS AFFIXI  | WHICH IS OR MA<br>ED.  | Y BECOME A  |  |
| OR ALABAMA RECORDI   | NG TAX PU  | JRPOSES IS \$11  | 1,195.00"   |  |
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| a Trust (see UCC1Ad, item 17 and Instructions)   | being administ   | tered by a Decedent's Perso  | onal Representative   |  |
|  | 6b. Check on   | ly if applicable and check or  |   |  |
| Trust (see UCC1Ad, item 17 and Instructions)  A Debtor is a Transmitting Utility  Consignee/Consignor  Seller/Bu | 6b. Check on   | ly if applicable and check or<br>ultural Lien  | nly one box:  |  |
|  | FIRST PERSONAL NAME CITY R SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME CITY ALABASTER  CITY CITY CITY CITY CITY CITY CITY CIT | ido not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum  FIRST PERSONAL NAME KAYELA  CITY ALABASTER  Ido not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum  FIRST PERSONAL NAME  ADDITION  CITY STATE  R SECURED PARTY): Provide only one Secured Party name (3a or ODESSA  FIRST PERSONAL NAME  ADDITION  CITY ODESSA  PARTY'S INTEREST IN THE COLLATERAL, PERTY TO WHICH COLLATERAL IS AFFIX | ; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will e Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S) |  |



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## UCC FINANCING STATEMENT ADDENDUM

| FOL  | OW INSTRUCTIONS   |                            |                    |                       |                         | -                      |                  |
|--|---|----------------------------|--------------------|-----------------------|-------------------------|------------------------|------------------|
| 9.   | NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen   | ent; if line 1b v          | vas left biank     |                       |                         |                        |                  |
| Г  | because Individual Debtor name did not fit, check here  |                            |                    |                       |                         |                        |                  |
|  | 9a. ORGANIZATION'S NAME   | ANIZATION'S NAME           |                    |                       |                         |                        |                  |
|  | · · · · · · · · · · · · · · · · · · ·   |                            |                    | •                     |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
| OR   | 9b. INDIVIDUAL'S SURNAME  |                            |                    |                       |                         |                        |                  |
|  | HILL  |                            |                    |                       |                         |                        |                  |
|  | FIRST PERSONAL NAME   |                            |                    |                       |                         |                        |                  |
|  | KAYELA  |                            |                    |                       |                         |                        |                  |
|  | ADDITIONAL NAME(S)/INITIAL(S)   |                            | SUFFIX             |                       |                         |                        |                  |
|  |   |                            |                    | THE ABOVE             | SPACE I                 | S FOR FILING OFFI      | CE USE ONLY      |
| 40   |   | Dobles no                  | - a that did not f |                       |                         |                        |                  |
| 10.  | DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the | It in line 10 or 20 of the | Financing          | Statement (Form OCCT) | (use exact, full fiamo, |                        |                  |
| ı  | 10a. ORGANIZATION'S NAME  |                            |                    |                       |                         |                        | <u> </u>         |
|  |   |                            |                    |                       |                         |                        |                  |
| OR   | 10b. INDIVIDUAL'S SURNAME   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  | INDIVIDUAL'S FIRST PERSONAL NAME  |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        | CUEEIX           |
|  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |                            |                    |                       |                         |                        | SUFFIX           |
|  |   | OITY                       |                    |                       | STATE                   | POSTAL CODE            | COUNTRY          |
| 10c. M   | AILING ADDRESS  | CITY                       |                    |                       | SIATE                   | - CONTACTOR            | Joodin           |
|  |   |                            | - <u>-</u> -       |                       |                         | }                      |                  |
| 11.  | ADDITIONAL SECURED PARTY'S NAME or ASSIGNO  | R SECUF                    | RED PARTY          | 'S NAME: Provide on   | ly <u>one</u> nam       | ne (11a or 11b)        |                  |
|  | 11a. ORGANIZATION'S NAME  |                            |                    |                       |                         |                        |                  |
| ΛP   |   |                            | <del></del>        |                       | T                       |                        | Touren           |
| OR   | 11b. INDIVIDUAL'S SURNAME   | FIRST PERS                 | SONAL NAME         |                       | ADDITION                | NAL NAME(S)/INITIAL(S) | SUFFIX           |
|  |   | 0.774                      |                    |                       | STATE                   | POSTAL CODE            | COUNTRY          |
| 11c. M   | 11c. MAILING ADDRESS  |                            | CITY               |                       | SIAIL                   | FOSIAL CODE            | 000,,,,,,        |
|  |   |                            |                    |                       |                         |                        |                  |
| 12. A  | DDITIONAL SPACE FOR ITEM 4 (Collateral):  | _                          |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
| 12.5   |   | 1.4 This F                 | INANCING STA       | TEMENT                |                         | <u>-</u>               | <u> </u>         |
| 13. [  | This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)                                       | I                          | vers timber to be  |                       | xtracted o              | ollateral  is filed as | a fixture filing |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 |   |                            | ription of real es |                       |                         |                        |                  |
| (if Debtor does not have a record interest):                               |   |                            | -                  |                       | =V ATH                  | 1 SECTOR, SHE          | I BY COUNTY      |
| 12.63  | 70-1 A C 191 I  | ALABA                      |                    | , GILLIN VALLE        | _ 1, 711                | i obotott, otte        |                  |
| KAYELA HILL  |   |                            |                    |                       |                         |                        |                  |
| 280 BRENDA DR  |   |                            | MAP BK 7, PG 10    |                       |                         |                        |                  |
| ALABASTER, AL 35007  |   |                            |                    |                       |                         |                        |                  |
|  |   |                            |                    |                       |                         |                        |                  |
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| 17 8   | IISCELLANEOUS:  |                            | <u>.</u>           |                       |                         |                        |                  |
|  | ELBY, AL ISP  | C FILE #                   | ‡ <u>1992034</u>   |                       |                         |                        |                  |
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