

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) RACHEL LANHAM 800 392 8308 OPT 5
B. E-MAIL CONTACT AT SUBMITTER (optional) RACHEL.LANHAM@ALORICA.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) MEDALLION BANK 4315 PICKETT RD ST JOSEPH, MO 64503

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	POSEY	TAMMY		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
96 GREY OAKS CT	PELHAM	AL	35124	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	HARE	BRIAN		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
96 GREY OAKS CT	PELHAM	AL	35124	USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	MEDALLION BANK			
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4315 PICKETT RD	ST JOSEPH	MO	64503	USA

4. COLLATERAL: This financing statement covers the following collateral:

POOL - FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN PELHAM , COUNTY OF SHELBY , STATE OF ALABAMA
TO WIT: LOT #411 BK 50 PG 23 GREY OAKS SECTOR 4 AMENDED PLAT
PROPERTY ADDRESS: 96 GREY OAKS CT PELHAM AL 35124
PARCEL ID# 141112001001020

TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$45000.00

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: 38145538	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME POSEY	
FIRST PERSONAL NAME TAMMY	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

Reset

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME HARE					
INDIVIDUAL'S FIRST PERSONAL NAME BRIAN					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c. MAILING ADDRESS 96 GREY OAKS CT		CITY PELHAM	STATE AL	POSTAL CODE 35124	COUNTRY USA

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME MEDALLION BANK					
OR					
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS 4315 PICKETT RD		CITY ST JOSEPH	STATE MO	POSTAL CODE 64503	COUNTRY USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/25/2026 11:02:25 AM
\$106.50 JOANN
20260225000053390

*Allen S. Bezel*13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)14. This FINANCING STATEMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

TAMMY POSEY AND BRIAN HARE
96 GREY OAKS CT
PELHAM AL 35124

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN
PELHAM , COUNTY OF SHELBY , STATE OF
ALABAMA
TO WIT: LOT #411 BK 50 PG 23 GREY OAKS
SECTOR 4 AMENDED PLAT
PROPERTY ADDRESS: 96 GREY OAKS CT
PELHAM AL 35124
PARCEL ID# 141112001001020

17. MISCELLANEOUS:

38145538