20040329000159840 Pg 1/2 31.00 Shelby Cnty Judge of Probate, AL 03/29/2004 11:23:00 FILED/CERTIFIED

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)

		SPACE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	SUFFIX		
Vines	Sherry		F		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1137 Independence Prive	Alabas ter	AL	35007		
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any		
ORGANIZATION DEBTOR					
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of					
TODITIONAL DEDITORO EXACTTURE LEGAL NAME - MSentonky <u>unle</u> d	lebtor name (2a or 2b) - do not abbreviate or comb	ine names			
2a. ORGANIZATION'S NAME	lebtor name (2a or 2b) - do not abbreviate or comb	ine names			
2a. ORGANIZATION'S NAME	lebtor name (2a or 2b) - do not abbreviate or comb	ine names			
2a. ORGANIZATION'S NAME	FIRST NAME	ine names MIDDLE	NAME	SUFFIX	
2a. ORGANIZATION'S NAME			NAME	SUFFIX	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME			NAME POSTAL CODE		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	· •		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	FIRST NAME	MIDDLE	· •	SUFFIX	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	MIDDLE	POSTAL CODE	COUNTRY	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE	COUNTRY	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION'S NAME ORGANIZATION'S NAME	CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Alabama Gas Corporation	CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE	COUNTRY	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION DEBTOR	CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Alabama Gas Corporation 3b. INDIVIDUAL'S LAST NAME	FIRST NAME 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3) FIRST NAME	MIDDLE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any NAME	COUNTRY	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Alabama Gas Corporation	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3)	MIDDLE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY	

Furnace MD# 585TA090-1-16 Serial# 4503A41060

	#	1981,00				
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		the REAL 7. Check to Rapplicable [ADDITION	REQUEST SEARCH REPO	PRT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA	· ···					

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

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		NT ADDENDUM								
9. NAME OF FIRST DE 9a. ORGANIZATION'S I	BTOR (1a or 1b) ON	RELATED FINANCING STA	TEMENT							
OR 9b. INDIVIDUAL'S LAST Vi Ne		MIDI	DLE NAME,SUFFIX							
10. MISCELLANEOUS:										
11. ADDITIONAL DEBT	OR'S EXACT FULL	LEGAL NAME - insert only <u>one</u> i	name (11a or	11b) - do not abbre			S FOR FILING OFFIC	E USE O	NLY	
11a. ORGANIZATION'S	NAME							······································		
OR 11b. INDIVIDUAL'S LAS	11b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE NAME		SUFF	SUFFIX	
11c. MAILING ADDRESS		CITY			STATE POSTAL CODE		COUNTRY			
11d. TAX ID #: SSN OR EI	N ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURIS	DICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID #, if ar	ıy	NONE	
12a. ORGANIZATION'S	dom Heast NAME	fing ~~d Air	FIRST NAI	ioning,		MIDDLE	NAME POSTAL CODE 35007	SUFF		
13. This FINANCING STATI collateral, or is filed as 14. Description of real estate Lot21 o Subdivis County Page 4	EMENT covers timber a plant time that the state of the st	lby		onal collateral descr	iption:					
15. Name and address of a (if Debtor does not have		ove-described real estate	Debtor is a 18. Check Debtor	Trust or only if applicable a is a TRANSMITTINg connection with a	nd check <u>only</u> one bo GUTILITY	espect to prox. Transaction	- effective 30 years	Deceden	t's Estate	