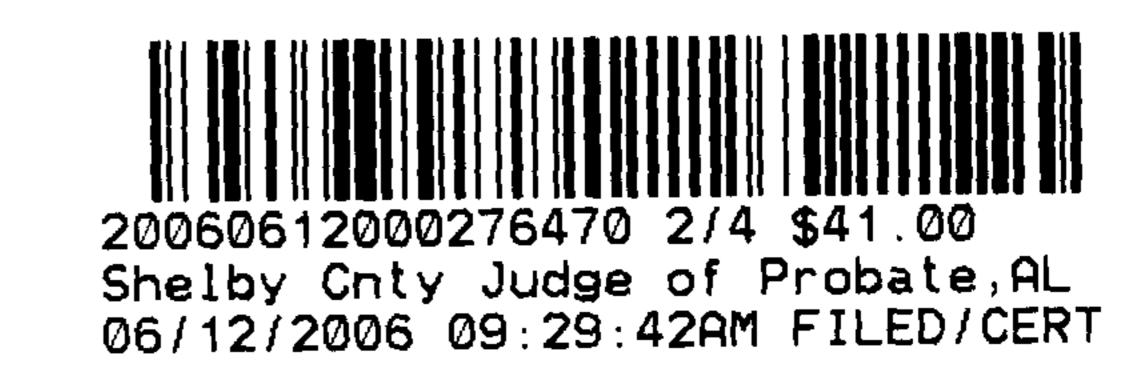


UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
|---|--|--------------|---------------------------------------|-------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | • | · · · · · · · · · · · · · · · · · · · | |
| J. RUFFIN (205) 226-1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | • • |
| | | | | |
| ALABAMA POWER COMPANY | | | | |
| 600 N. 18TH STREET | | | • | |
| BIRMINGHAM, AL 35291 | | | | |
| | | • | | |
| | | | | |
| | THE ABOVE | ESPACEISFO | R FILING OFFICE US | SEONLY |
| I. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name | e (1a or 1b) - do not abbreviate or combine names | | | |
| 1a. ORGANIZATION'S NAME | | | | |
| | | MIDDLE | NAME | SUFFIX |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | | | |
| | CITY, 2 N. C. | STATE | POSTAL CODE | COUNTRY |
| C. MAILING ADDRESS | 1 monteum 10 | AL | 32/12 | US |
| I. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION | | 1g. ORG | ANIZATIONAL ID #, if any | |
| ORGANIZATION DEBTOR | | | | NO |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only | one debtor name (2a or 2b) - do not abbreviate or com | nbine names | | |
| 2a. ORGANIZATION'S NAME | | • • | • | - |
| R 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | |
| MAILING ADDRESS | CITY | | POSTAL CODE | COUNTRY |
| | TO THE TOTAL OF CODE AND TATION | AL 20 OBG | ANIZATIONAL ID #, if any | <u> </u> |
| I. TAX ID #: SSN OR EIN ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 2f. JURISDICTION OF ORGANIZATION | | | NO |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG | NOR S/P) - insert only one secured party name (3a or | r 3b) | | <u> </u> |
| 3a. ORGANIZATION'S NAME | | | | |
| ALABAMA POWER 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | |
| . MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 500 N. 18TH STREET | BIRMINGHAM | | 35291 | |
| This FINANCING STATEMENT covers the following collateral: THE FOLLOWING HEAT PUMP, WHICH WAS | S INSTALLED AT THE RESIDEN | ICE LOCA | TED ON THE PR | ROPERTY |
| DESCRIBED IN ITEM 14 OF THIS FINANCING | G STATEMENT: | | | |
| BRAND: Soomal | | | | |
| | | | | • |
| 3/2 Jan Me | | | | |
| 3/2 Jan 1940 | at the second of | | | |
| | | | | • |
| | W T - \ 1 | | | |
| m# AKU = 3 | • | | | • |
| m# AKN = 3 | • | | | \$ 5,975 |
| m# AKU = 3 | • | | | \$ 5,975 |
| m# AKU = 3 s# 060318 | 741\ ONGIGNEE/CONSIGNOR BAILEE/BAILOR | SELLER/BL | | \$ 5975 NON-UCCFILIN |



| UCC FINANCING STATEMENT ADDENDUI | VI . | | | • | |
|--|--|--|-------------|------------------------|-------------------|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | | |
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S | TATEMENT | | • | | |
| 9a. ORGANIZATION'S NAME | | | | | • |
| 9b. INDIVIDUAL'S LAST NAME FIRST NAME - Carl fire - Ca | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS: | | | | | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | _ | | | | |
| | | | | | |
| | | THE ABOV | ESPACE | IS FOR FILING OF | FICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME-insert only on | e name (11a or 11b) - do not abbrev | ate or combine nam | es | | |
| 11a. ORGANIZATION'S NAME | | | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | <u></u> | MIDDLE | NAME | SUFFIX |
| | | | | ;* | |
| 1c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 11f. JURISDICTION OF ORGAN | IZATION | 11g. ORG | SANIZATIONAL ID #, i | any Noni |
| 2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P' | S NAME - insert only <u>one</u> name (| 12a or 12b) | | | |
| 12a ORGANIZATION'S NAME | | | | | |
| OR INDUMENTAL IS LAST MANE | FIRST NAME | <u></u> | MIDDLE | VAME | SUFFIX |
| 12b. INDIVIDUAL'S LAST NAME | LIK21 MAIME | | | | |
| 2c. MAILING ADDRESS | CITY | <u>. </u> | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 3. This FINANCING STATEMENT covers Timber to be cut or as-extracted | 16. Additional collateral descrip | tion: | | | - |
| collateral, or is filed as a fixture filing. 4. Description of real estate: | | • | | | |
| THE REAL PROPERTY DESCRIBED ON THE | | | | | |
| ATTACHED DEED. | | | | | |
| | ; | | | | |
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| | | | | | • |
| | | • | | | |
| | | | | | |
| Name and address of a RECORD OWNER of above-described real estate | | | | - | |
| (if Debtor does not have a record interest): | | | | | |
| | | | | | , <u></u> |
| | 17. Check only if applicable and | | | | Danadan#a Catata |
| | Debtor is a Trust or Trust 18. Check only if applicable and control of the contro | | | perty held in trust or | Decedent's Estate |
| | Debtor is a TRANSMITTING U | | · · | | |
| | Fled in connection with a Ma | and the second s | ansaction - | - effective 30 years | |
| | Filed in connection with a Pul | | | | · |

PAGE. 2/3

MAY. 15. 2006 (MON) 16:03

Holen Public, Saginar County, Mich.

| 200000120002/6470 4/4 \$41.00 | |
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| Shelby Cnty Judge of Probate A | L |
| 06/12/2006 09:29:42AM FILED/CE | R |

Saginaw COUNTY

Lillian Evana a Notary Public in and for said County, in said State, hereby certify that Clemmie D. Moss as Executrix of the Hast Will and Testament of Ardelia Riggins Miller, & Clemmie D. Moss, Individually, a single woman whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day, that, being informed of the contents of the donveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 20 th. day of May, 1974.

My Commission expires LILLIAN EVANS

STATE OF MICHIGAN

NOTARY PUBLIC

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