Shelby 28.00 1155 39.55



20090617000233200 1/2 \$39.55 Shelby Cnty Judge of Probate, AL 06/17/2009 03:16:30 PM FILED/CERT

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Alagasco #20 South 20th St Birmingham, Al 35295

					. N. 11 . N. 7
1. DEBTOR'S EXACT FULL LEGA	AL NAME - insert only <u>one</u> debtor name (1a o		PACE IS FU	R FILING OFFICE USE O	'NL.Y
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS		HYDIIID	STATE POSTAL CODE		COUNTRY
127 Cedai	r Bend Dr	Helena	AL	35080	
1d. TAX ID #: SSN OR EIN ADD'L II ORGAN	NFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
2. AUDITION DE LE . OR'S EXAC		ebtor name (2a or 2b) - do not abbreviate or combin	e names		NONE
2a. ORGANIZATION'S NAME	The second secon				
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L II ORGAN	NFO RE   2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
DEBTOR	R		<u> </u>		NONE
3. SECURED PARTY'S NAME (c	or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name (3a or 3b	)		
OR OF TABLES AST MANS	<u>na</u> (nas (	<u>Ordoratio</u>			Tourse,
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAIVIE	SUFFIX
3c. MAILING ADDRESS	46 20th	CITY	STATE	POSTAL CODE	COUNTRY
4. This FINANCING STATEMENT covers	the following collateral:	j	V	5547	
2.5 TOO	America	standar	J		
00 dece	- M-4A7E	3030A1000B			
Condense	5-91821	ノベレスト			
Furnace	M-AUDIB	000A9361A			
<del></del>	5-72922	X816			
Coil-	M-4TXCB	OBUBCSHCA			
	5-9211JCF	-56			
		\$ 76	58	<b>50</b>	
		ΙΨ	· · ·		
5. ALTERNATIVE DESIGNATION [if app	olicable]: LESSEE/LESSOR CONSIG	GNEE/CONSIGNOR BAILEE/BAILOR  7. Check to REQUEST SEARCH REPORT	SELLER/BU		ION-UCC FILING
8. OPTIONAL FILER REFERENCE DATA	ldendum [if applical		otional]	All Debtors Debto	or 1 Debtor 2

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA						
9a. ORGANIZATION'S NAME						
9b_INDIVIDUAL'S LAST NAME  FIRST NAME  Dhilli	MIDDLE NAME,SUFFIX					
10. MISCELLANEOUS:						
		THE ABOVE \$	PACEI	S FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name of the second sec	ame (11a or 11b) - do not abbrevi	ate or combine names				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		AIDDLE N		SUFFIX	
TID. INDIVIDUAL S LAST NAIVIE	I INSTINATE		יווטטנב וי	N/CIVIL		
11c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY	
11d. TAX ID #: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATION   ORGANIZATION   DEPTOR	11f. JURISDICTION OF ORGAN	IIZATION 1	1g. ORG	ANIZATIONAL ID #, if a		
	NAME - insert only <u>one</u> name (	(12a or 12b)			NONE	
12a. ORGANIZATION'S NAME  (C)  (C)	<del></del>					
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	MIDDLE N	NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	8	STATE	POSTAL CODE	COUNTRY	
225 Oxmoor Circle	Bhan		AL	3520	9	
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate.	16. Additional collateral descrip	otion:				
LOT 2 BIK 3 as						
recorded in map						
500K 17Pg. 139						
_						
Shelby County						
	E					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):						
	17. Check only if applicable and	d check <u>only</u> one box.				
			ect to pro	perty held in trust or	Decedent's Estate	
	18. Check <u>only</u> if applicable and	_				
	Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years					
Filed in connection with a Public-Finance Transaction — effective 30 years						