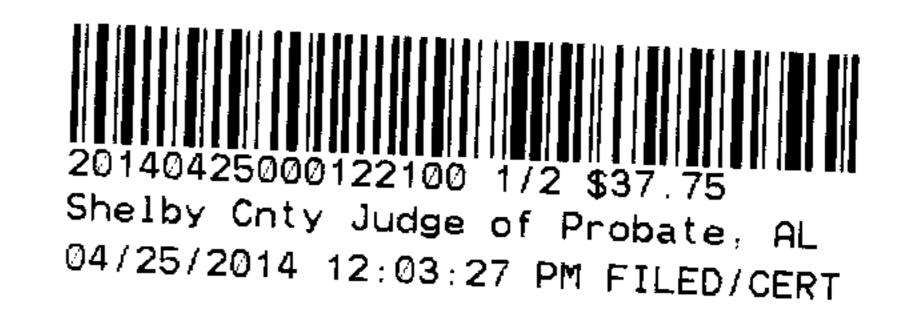


LICC FINANCING STATEMENT

OCC FINANCING STATEMENT	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
CINDY THOMAS 205-326-8299	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
	•
ALABAMA GAS CORPORATION	
605 RICHARD ARRINGTON JR BLVD N	
BIRMINGHAM, AL 35203	



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME **MOHAMMAD** RASTEGAR STATE POSTAL CODE COUNTRY 1c. MAILING ADDRESS 35124-1610 US **PELHAM** AL 620 CREEKVIEW DR 1g. ORGANIZATIONAL ID #, if any 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 1d. SEE INSTRUCTIONS ORGANIZATION NONE Not Applicable DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX 2b. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE STATE COUNTRY 2c. MAILING ADDRESS 2g. ORGANIZATIONAL ID #, if any 2f. JURISDICTION OF ORGANIZATION 2d. SEEINSTRUCTIONS ADD'L INFO RE | 2e. TYPE OF ORGANIZATION ORGANIZATION Not Applicable NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 3b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE CITY STATE 3c. MAILING ADDRESS

4. This FINANCING STATEMENT covers the following collateral:

CARRIER GAS PACKAGE
M# 58STA070-14116 S# 0914A16905
M# CNPVP3617ALAAAAA S# 0814X23239
M# 24ABB336A0034010 S# 0714E16608
M# TC-NAC S# 0614N504643

\$4500.00

	<u> </u>						
5. AL)	ERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
⁶ . V	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in	the REAL 7. Check to find [if applicable] [ADDITION	RÉQUEST SEARCH REPO NAL FEET	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
OD.	TIONIAL EILED DESEDENCE DATA						

FOLLOW INSTRUCTION	NS (front and back) C						
9. NAME OF FIRST D		RELATED FINANCING STA	TEMENT				
OR		T=:=:=================================	I			 	3 1 5 3 1 5 3 5 5 11 5 1 5 5 1 5 1 5 1 5 1 5 1 5 1 5
9b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
RASTEGAR		MOHAMMAD		إ	014042	5000122100 2/2 \$	
10.MISCELLANEOUS:						Cnty Judge of Pr 014 12:03:27 PM	
				THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEB	SNAME	LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbre	viate or combine name	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	CITY		STATE	POSTAL CODE	COLINTON
TIC, MAILING ADDRESS			Ct t		SIAIE	POSTAL CODE	COUNTRY
11d. SEEINSTRUCTIONS Not Applicable	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR	JANIZATIONAL ID#, if an	y NONE
DRIVER RE 12a. ORGANIZATION' DRIVER RE 12b. INDIVIDUAL'S LA 12c. MAILING ADDRESS 3191 LEE ST	FRIGERATION		FIRST NAME CITY PELHAM		MIDDLE STATE AL	NAME POSTAL CODE 35124	SUFFIX COUNTRY
13. This FINANCING STATcollateral, or is filed as14. Description of real esta	a fixture filing.	er to be cut or as-extracted	16. Additional collateral descr	iption:			
620 CREEKVIE PELHAM, AL 3							
LEGAL DESCR LOT 11 BLOCK OAK MOUNTA MAP BOOK 5 N PARCEL # 13 1 SHELBY COUN	K 6 IN ESTATES 57 MAP PAGE 124 12 3 002 037.000						
15. Name and address of a (if Debtor does not have		ove-described real estate	17. Check <u>only</u> if applicable an	nd check only one boy			
			<u></u>			operty held in trust or	Decedent's Estate
			18. Check only if applicable an				1
			Debtor is a TRANSMITTING	G UTILITY			
			Filed in connection with a	Manufactured-Home 1	ransaction	— effective 30 years	