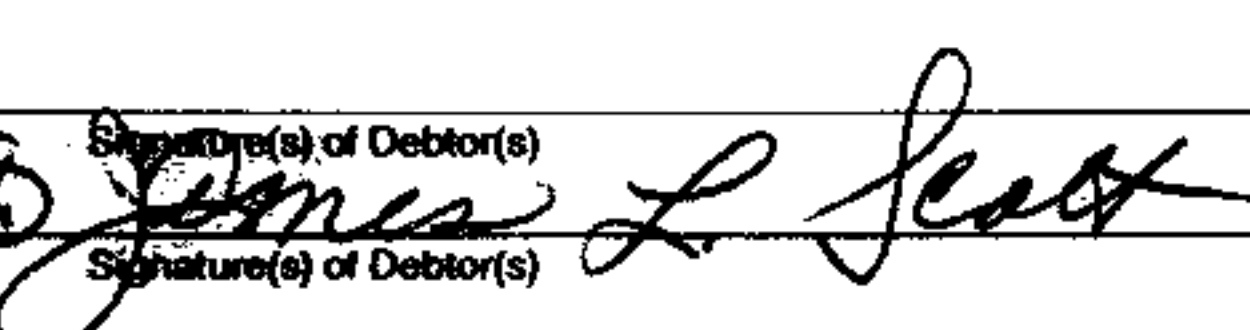
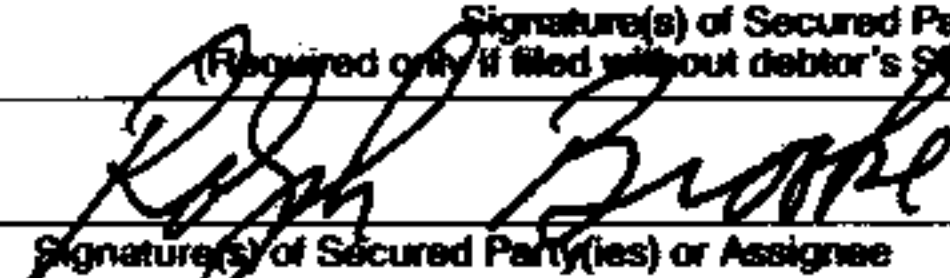


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | No. of Additional Sheets Presented: | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Return copy or recorded original to:<br><br>Alagasco<br>20 South 20th Street<br>Birmingham, AL 35295<br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     | <div style="text-align: center;">THIS SPACE FOR USE OF FILING OFFICER<br/>Date, Time, Number &amp; Filing Office</div> <div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">Shelby Co</div> <div style="font-size: 1.5em; transform: rotate(-15deg); display: inline-block;">19.05</div> <div style="font-size: 1.2em; transform: rotate(-15deg); display: inline-block;">Inst # 1995-20599</div> <div style="font-size: 0.8em; transform: rotate(-15deg); display: inline-block;">08/02/1995-20599<br/>10:35 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>19.05<br/>001 MCO</div> |  |  |
| Name and Address of Debtor (Last Name First if a Person)<br><br>Scott, James<br>2429 Chuchura Road<br>Birmingham, AL 35244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Social Security/Tax ID # _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Social Security/Tax ID # _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| SECURED PARTY (Last Name First if a Person)<br><br>Harris Air Systems, Inc.<br>2809 Crescent Ave., Suite 18<br>Birmingham, AL 35209<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br>Alagasco<br>20 South 20th Street<br>Birmingham, AL 35295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| The Financing Statement Covers the Following Types (or items) of Property:<br><br>Equipment Description: Trane Furnace Model #TUD140C960B1, Serial #J44548191 and Trane Coil Model #CCBD60A5ACC0, Serial #H20638350<br><br>Legal Property Description: Ranchette sector Indian Valley lot 9 Book 5, Page 77. Exc mineral and mining rights section 17 Township 19 South Range 2 West.<br>Deep dimensions 200.0 x 400.0.                                                                                                                                                                                                                                                                                 |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>5 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state.<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state.<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected.<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed. |  |                                     | 7. Complete only when filing with the Judge of Probate:<br>The initial indebtedness secured by this financing statement is \$ 2059.00<br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____<br>8. <input checked="" type="checkbox"/> This financing statement covers timber to be cut, crops, of fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)                                                                                                                |  |  |
| Signature(s) of Debtor(s)<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     | Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><br>Signature(s) of Secured Party(ies) or Assignee<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                    |  |  |