STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

| 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 pursuant to the Uniform Commercial Code. | |
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| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| Alagasco | | Date, Ville, (Volisber a Villeg Cince | |
| | | | |
| Pre-paid Acct. # | | | |
| Name and Address of Debtor | (Last Name First if a Person) | | |
| Giovannelli, Domini | | | @ |
| 6534 Quàil Run Driv Pelham, A L 35124 | е | | 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| CIIIdii, AD 33124 | | | 00 10 HE S |
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| | | | S F F |
| Social Security/Tex tO # | (Last Name First if a Person) | _ | Th 3 45 |
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| | | | |
| Social Security/Tax ID # | | | |
| Additional debtors on effeched UCC-E | · · · · · · · · · · · · · · · · · · · | 4 400101155 05 05011555 5455 | |
| SECURED PARTY (Last Name First If a Person) | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) | (Last Name First if a Person |
| Steel City Htg & Air | | Alagasco | |
| | | | |
| Social Security/Tax ID # | | | |
| Additional secured parties on attached UCC-E | | 70010 | |
| This statement refers to original Financing Sta | elby Co | 38012 Nov | <u> </u> |
| T NOO WAT | | arty, bearing file number shown above, is stiff effective. | 19 |
| Termination. Secured Party no longer claims The Secured Party's right under property described in item 11 of Assignment. Whose name and address appears | s a security interest under the financing stateme or the financing statement bearing file number s or to all of the property listed on this file, is assig | ent bearing the file number shown above. hown above to the ned to the assignee | |
| _ | lateral described in item 11 from the financing s | | · |
| | | | 11A. Enter Code(s) From Back of Form That |
| | | | Best Describes The Collegeral Covered By This Filling: 500 |
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| Check V II annual C Annual and a second | | | |
| Check X if covered: Products of Collaboral are | also covered. | | |
| Signature(s) of Debtor(s) | · - ··· | Signatoye(s),of Secured Party(les) | |
| Signature(s) of Debtor(s) (necessary only if iten | n 9 le applicable) | Signature(s) of Secured Party(les) | |
| | | V Alagasco | |
| Type Name of Individual or Business | | Type Name of Individual or Business | NEW COMMERCIAL CODE - FORM LIC |

Approved by The Secretary of State of Alabama