

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

Important: Read Instructions on Back Before Filling out Form.

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).<br>Return copy or recorded original to:<br><br>AL GAS CORP.<br>20 20TH ST. S.<br>BIRMINGHAM AL 35295                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | No. of Additional Sheets Presented:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |
| Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><i>18.30</i><br><i>Bess</i><br><i>21 30</i><br><i>Inst # 1997-24065</i><br><i>07/31/1997-24065</i><br><i>12:49 PM CERTIFIED</i><br><i>SHELBY COUNTY JUDGE OF PROBATE</i><br><i>001 MCD 21.30</i>                                                                                                                                                                                                                                                              |                                                                                                               |
| Name and Address of Debtor (Last Name First if a Person)<br><br>NOWAKOWSKI, DR. RODNEY W.<br>2016 HAWTHORNE LANE<br>HOOVER AL 35244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| SECURED PARTY (Last Name First if a Person)<br><br>STANDARD HTG. & A.C. CO.<br>520 8TH ST. S.<br>BIRMINGHAM AL 35233<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br>ALABAMA GAS CORPORATION<br>#20 SOUTH 20TH STREET<br>BIRMINGHAM, AL 35295                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| The Financing Statement Covers the Following Types (or items) of Property:<br><br>38TRA0603 CARRIER CONDENSING UNIT S/N 3396E05771<br><br>LEGAL DESCRIPTION:<br>RIVERCHASE COUNTRY CLUB 21ST ADDITION, LOT 1301 MAP BOOK 9 PAGE 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| SHELBY COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>500 _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
| Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| <input type="checkbox"/> 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 \$ <u>4181.00</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
| Signature(s) of Debtor(s)<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 8. <input checked="" type="checkbox"/> This financing statement covers timber to be cut, crops, or 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)<br><br>Signature(s) of Secured Party(ies)<br>(Required only if filed without debtor's Signature — see Box 6)<br><i>[Signature]</i><br>Signature(s) of Secured Party(ies) or Assignee<br>STANDARD HTG. & A.C. CO.<br>Type Name of Individual or Business |                                                                                                               |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |