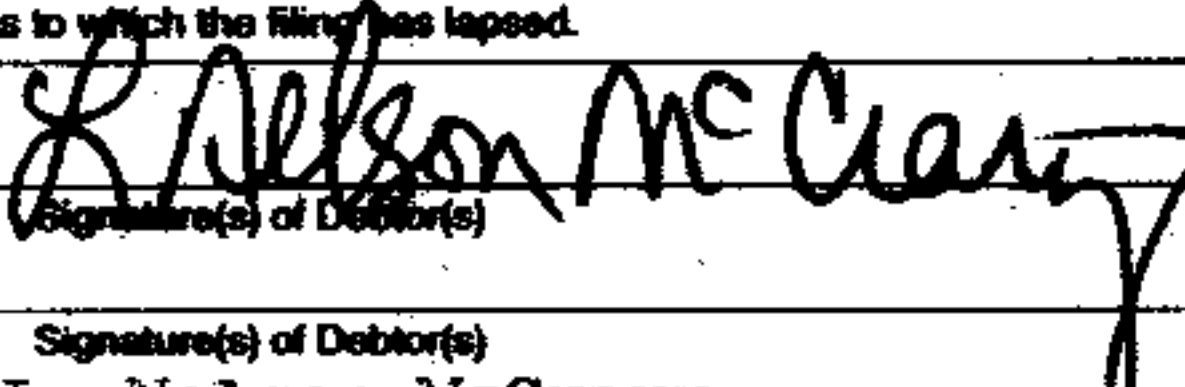


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

**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.                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1. Return copy or recorded original to:<br><br>ALABAMA GAS CORPORATION<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="text-align: center; font-size: 2em; transform: rotate(-90deg);">Inst # 1997-41301</div> <div style="text-align: center; font-size: 1.5em; transform: rotate(-90deg);">12/19/1997-41301<br/>10:02 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>23.35<br/>002 NCJ</div>                                                                                                  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>MCCRARY, L. NELSON<br>161 EAST HIGHLAND DRIVE<br>VINCENT, AL 35178<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><br><br><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>TRI COUNTIES HEATING & AIR, INC.<br>PO BOX 217<br>Leeds, AL 35094<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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. The Financing Statement Covers the Following Types (or Items) of Property:<br><br>Carrier Gaspack model #48SS042100-3 s/n 0397G10448<br><br>Legal description: SEE ATTACHMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="text-align: right; font-size: 1.5em;">5 0 0</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Check X if covered by <input checked="" type="checkbox"/> Products of Collateral gas also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. 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>4820.00</u><br><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ _____<br><br><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) |
| Signature(s) of Debtor(s)<br><br><br>L. Nelson McCrary<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     | Signature(s) of Secured Party(ies) or Assignee<br><br>Alabama Gas Corporation<br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                             |

WARRANTY DEED

This instrument was Prepared By:

Frank K. Byrnes, Esquire  
917 Office Park Circle  
Birmingham, Alabama 35223

SEND TAX NOTICE TO:

L. Nelson McCrary  
101 East Highland  
Vincennes, AL 35178

STATE OF ALABAMA)

COUNTY OF SHELBY)

KNOW ALL MEN BY THESE PRESENTS,

That in consideration of THIRTY FIVE THOUSAND AND NO/100 DOLLARS (\$35,000.00), to the undersigned grantors in hand paid by the Grantee herein, the receipt of which is hereby acknowledged, Trustees of the Vincent Church of the Methodist Episcopal Church South, (herein referred to as Grantors) do hereby bargain, sell and convey unto L. Nelson McCrary (herein referred to as Grantee), the following described estate, situated in the State of Alabama, County of Shelby, to-wit:

Commencing at the Southeast corner of P.H. Mabry's lot in the Town of Vincent and running South one hundred and twenty (120) feet; thence West one hundred and eighty (180) feet; thence north one hundred and twenty (120) feet to the line of D. W. Waiten lot; thence East along the line of D. W. Waiten lot and P.H. Mabry's lot one hundred and eighty (180) feet to the point of beginning, all in the Northeast corner of the Northwest quarter of the Northwest quarter of Section 14, Township 19, Range 2 West.

Subject to existing easements, restrictions, set back lines, rights of ways, limitations, if any, of record.

\$32,150.00 of the purchase price recited above was paid from a mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD unto the said Grantee,

And it does for itself, its successors and assigns covenant with said Grantee, his heirs and assigns, that it is lawfully seized in fee simple of said premises, that he is free from all encumbrances, unless otherwise noted above; that it has a good right to sell and convey the same as aforesaid; that its successors and assigns shall warrant and defend the same to the said Grantee, his heirs, and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the said Grantor, by Elm C. Embry and Gene Hinds, its Trustees who are authorized to execute this conveyance, has hereto set its signature and seal, this 30th day of September, 1997.

Vincent Church of the Methodist Episcopal  
Church South

By Elm C. Embry  
Elm C. Embry

By Gene Hinds  
Gene Hinds

STATE OF ALABAMA)

COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Elm C. Embry and Gene Hinds, whose names as Trustees of the Vincent Church of the Methodist Episcopal Church South, are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, they, in their capacity as such officer and with full authority, executed the same voluntarily for and as the act of said Vincent Church of the Methodist Episcopal Church South.

Given under my hand and official seal, this the 30th day of September, 1997.

Notary Public

My Commission Expires: 11/30/2000

Inst # 1997-41301

12/19/1997-41301  
10:02 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 MCD 23.35