05/23/2002 15:07:00 FILED/CERTIFIED

ND ACKNOWLEDGMENT TO: (Name a	optional		Jensy			
·			S			
ALABAMA GAS	and Address)					
	CORPORATIO					
20 South Z	OTH ST					
BIRMINGHAM,	AL 35295					
BTOR'S EXACT FULL LEGAL NAME -	incert only one debtor name (1a c		SPACE IS FO	R FILING OFFICE USE	ONLY	
a. ORGANIZATION'S NAME	insert only <u>one</u> debtor hame (1a d	or to) - do not appreviate or combine names	<u></u>			
b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE N	IAME	SUFFIX	
Scott		ALAN				
AILING ADDRESS	PLACE	BIRININGHAM	STATE	35/24	USA	
X ID #: SSN OR EIN ADD'L INFO RE 1e	. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any		
DITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only one de	ebtor name (2a or 2b) - do not abbreviate or comb	ine names		NON	
a. ORGANIZATION'S NAME	Creative moder only grid de	Solor Hamo (24 or 25) do not abbrotiate or come				
b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
AU INC ADDDECC		CITY	CTATE	DOSTAL CODE	COLINITEDY	
AILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION		2f, JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any			
DEBTOR	OTAL ASSIGNED OF ASSIGNOR	S/P) - insert only one secured party name (3a or 3	3h)		NON	
a. ORGANIZATION'S NAME	?	On y misercomy one secured party marrie (da or i		<u> </u>		
ALABAMA GAS B. INDIVIDUAL'S LAST NAME	WRPORATION	FIRST NAME			SUFFIX	
AILING ADDRESS ZOTH ZOTH	STLEZT	13 RMINGHAM	STATE	POSTAL CODE 35795	COUNTRY	
s FINANCING STATEMENT covers the following		1	<u> </u>	-3 -3 - C / W		

UCC FINANCING STATE OLLOW INSTRUCTIONS (front and b		M			
NAME OF FIRST DEBTOR (1a or		TATEMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
SCOTT	ALAN	<u>_</u> .			
0.MISCELLANEOUS:					
		THE	ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only o	ne name (11a or 11b) - do not abbreviate or comb	oine names		···· •····
OR	··-·	······			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORGANIZATION	11g. OR(SANIZATIONAL ID #, if an	yNO
2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/	P'S NAME - insert only <u>one</u> name (12a or 12b))	· ·	
STEZ CITY	HEATING AL	D A/C			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY
92 0xm002 PD		BIRMINGHAM	AL	35209	USA
3. This FINANCING STATEMENT covers	timber to be cut or as-extract	ed 16. Additional collateral description:			•
collateral, or is filed as a fixture filing. 4. Description of real estate:	ıg.	LOT 23			
		STRATFORD PU	ACE PL	IASE II	
Lot 23 Frattford Pic					
-m-H-Ford PIC	J Cl				
Phase					
5. Name and address of a RECORD OWN					
(if Debtor does not have a record interest					
		17. Check only if applicable and check only	y one box.	· • • • • • • • • • • • • • • • • • • •	
		Debtor is a Trust or Trustee actin		roperty held in trust or	Decedent's Est
		18. Check only if applicable and check only Debtor is a TRANSMITTING UTILITY	у опе вох.		
		Filed in connection with a Manufacture			
		Filed in connection with a Public-Finan	ice Transaction e	effective 30 years	