20020523000246180
Shelby Cnty Judge
05/23/2002 15:18:

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY		16 161	
A. NAME & PHONE OF CONTACT AT FILER [optional]		5/~* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagasco			
# 20 3044 204	Street		
Birmingham, AL 35	5295		
	____	BOVE SPACE IS FOR FILING OFFICE USE	ON! Y
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor			
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ic. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
120 Tade Winds C 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZA	ATION OF ORGANIZATION		Shelb
ORGANIZATION DEBTOR			NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert 2a. ORGANIZATION'S NAME	only <u>one</u> debtor name (2a or 2b) - do not abbreviate o	or combine names	
OB			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZA	ATION 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME		(3a or 3b)	
OR HODOMO GOS	Orporation	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS #20 ろいょり カイト サー	reet Birminaha	STATE POSTAL CODE 1.11 A1 3525	JCAG
4. This FINANCING STATEMENT covers the following collateral:	July Dividing	1100000	<u> </u>
31/2 Ton Heil S	Dlit Gas Uni		
	- -		
Model #FB	=100F20G1		
1 1 01	3658993		
Scrial 7			
12 ~			
# 2450.00			

. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYE	₹ .	AG. LIEN	NON-UCC FILIN	VG
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	for record] (or recorded)	in the REAL [if applicable]	7. Check to REC		ORT(S) on Debtor(s) [optional]	Α	l Debtors	Debtor 1 Debtor	r 2
OPTIONAL FILER REFERENCE DATA									

UCC FINANCING STATEMENT ADDE OLLOW INSTRUCTIONS (front and back) CAREFULLY	NDUM		
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINA	ANCING STATEMENT		
9a. ORGANIZATION'S NAME			
9b. INDIVIDUAL'S LAST NAME PIRST NAME TO X	MIDDLE NAME, SUFFIX		
0. MISCELLANEOUS:			
		THE ABOVE SPACE IS FOR FILING O	FFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - in 11a. ORGANIZATION'S NAME	sert only <u>one</u> name (11a or 11b) - do not abbrev	viate or combine 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 RE 11e. TYPE OF ORGA ORGANIZATION DEBTOR	NIZATION 11f. JURISDICTION OF ORGAN	NIZATION 11g. ORGANIZATIONAL ID #,	if any
2. ADDITIONAL SECURED PARTY'S of ASSIGNATION'S NAME	NOR S/P'S NAME - insert only one name	(12a or 12b)	
Desiced Temp Gervic	e Contractors J		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	CTATE DOOTAL CODE	
P.O. Box 268	Bessem	STATE POSTAL CODE H 35021-1	COUNTRY
<u>~</u>	as-extracted 16. Additional collateral descrip		
collateral, or is filed as a fixture filing. 4. Description of real estate:			
1 + 3 + 3 + 1 + 0	CC Oicolina		
	CC Ovcling		
o Portsouth Third So	ctor		
5 recorded inthe offic	2 C		
re Judge Of Probate			
The surger of Fiolical			
ore-said County (shel	by)		
Plat Book I Bage	110		
Melby County			
5. Name and address of a RECORD OWNER of above-described real e	state		
(if Debtor does not have a record interest):			
	4 =		
	17. Check <u>only</u> if applicable and Debtor is a Trust or Tr		
	Debtor is a Trust or Trust 18. Check only if applicable and	ustee acting with respect to property held in trust of check only one box.	Decedent's Estate
	Debtor is a TRANSMITTING		
		lanufactured-Home Transaction — effective 30 years	
	Filed in connection with a Po	ublic-Finance Transaction — effective 30 years	