

# AL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

- READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB



20020606000265760 Pg 1/2 31.45  
Shelby Cnty Judge of Probate, AL  
06/06/2002 09:10:00 FILED/CERTIFIED

31.45  
~~28.45~~  
Shelby Co.

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                          |
|----------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]           |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)            |
| Alabama Gas Corp.<br>#20 South 20th St<br>Bham, Al 35295 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

### 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                          |                                   |                          |                                  |                                 |         |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|---------|
| 1a. ORGANIZATION'S NAME  |                                   |                          |                                  |                                 |         |
| OR                       | 1b. INDIVIDUAL'S LAST NAME        |                          | FIRST NAME                       | MIDDLE NAME                     | SUFFIX  |
|                          | Herald                            |                          | MARY                             | Ann                             |         |
| 1c. MAILING ADDRESS      |                                   | CITY                     | STATE                            | POSTAL CODE                     | COUNTRY |
| 1415 Sequoia Trail       |                                   | Alabaster                | Al                               | 35007                           | USA     |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |         |
|                          |                                   |                          |                                  | <input type="checkbox"/> NONE   |         |

### 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                          |                                   |                          |                                  |                                 |         |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|---------|
| 2a. ORGANIZATION'S NAME  |                                   |                          |                                  |                                 |         |
| OR                       | 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 ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |         |
|                          |                                   |                          |                                  | <input type="checkbox"/> NONE   |         |

### 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|                         |                            |            |            |             |         |
|-------------------------|----------------------------|------------|------------|-------------|---------|
| 3a. ORGANIZATION'S NAME |                            |            |            |             |         |
| OR                      | 3b. INDIVIDUAL'S LAST NAME |            | FIRST NAME | MIDDLE NAME | SUFFIX  |
|                         | Alabama Gas Corp.          |            |            |             |         |
| 3c. MAILING ADDRESS     |                            | CITY       | STATE      | POSTAL CODE | COUNTRY |
| #20 - South 20th St.    |                            | Birmingham | Al         | 35295       | USA     |

### 4. This FINANCING STATEMENT covers the following collateral:

Goodman 12 Seer - Model # CKJ24-1  
2 T. Louvered Condensing Unit - Serial # 0006487866  
Goodman - Model # U-31-2.5 T. Cased Upflow Coil  
Serial # 0203710273

#2300

|                                                                                                                                                                       |                                                                               |                     |                               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|-------------------------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                           | LESSEE/LESSOR                                                                 | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR                 | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) |                     | All Debtors Debtor 1 Debtor 2 |              |          |                |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |                                                                               |                     |                               |              |          |                |



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## UCC FINANCING STATEMENT ADDENDUM

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## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

Herald

Mary

Ann

## 10. MISCELLANEOUS:

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## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

## 11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

## 11d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

## 11e. TYPE OF ORGANIZATION

## 11f. JURISDICTION OF ORGANIZATION

## 11g. ORGANIZATIONAL ID #, if any

☐ NONE12. ☐ ADDITIONAL SECURED PARTY'S or ☒ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

## 12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

## 16. Additional collateral description:

## 14. Description of real estate:

Lot 32 NAVAJO Hills  
7<sup>th</sup> Sector MB7  
pg 95  
MAP REFERENCE  
73-K-33

## 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

## 17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

## 18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 2000