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

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

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)	270			2 30.70 obate,AL ED/CERTIFIED
A. NAME & PHONE OF CONTACT AT FILER [optional]	150° N	, e IDY		
S SEND ACKNOW! EDGMENT TO: (Name and Address)	<u> </u>			
THE CONTROL OF THE CO				
Alabama Gas Corporation #20 South 20th Street Birmingham, AL 35295				
		ACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b)  1a. ORGANIZATION'S NAME	- do not abbreviate or combine names	<u> </u>		<u> </u>
OR 1b. INDIVIDUAL'S LAST NAME	20T ALA ME	MIDDLE I	JASAE	SUFFIX
	RST NAME Stacia	N	NANIC	SUFFIX
Ic. MAILING ADDRESS CIT		STATE	POSTAL CODE	COUNTRY
	Alabaster	AL	35007	USA
ld. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION   1f. ORGANIZATION   DEBTOR	JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID#, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor on the control of the cont				
2b. INDIVIDUAL'S LAST NAME	RST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS CIT	ΓΥ	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. ORGANIZATION DEBTOR	JURISDICTION OF ORGANIZATION	2g. ORGA	NIZATIONAL ID #, if any	NONE
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)			NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - 3a. ORGANIZATION'S NAME  Alabama Gas Corporation			NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) -  3a. ORGANIZATION'S NAME  Alabama Gas Corporation				
ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) -  3a. ORGANIZATION'S NAME  Alabama Gas Corporation	- insert only <u>one</u> secured party name (3a or 3b)			NONE

## NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BÉFORE FILLING OUT FORM — DO NOT DETACH STUB

200303100000144380 Pg 2/2 30.70 Shelby Cnty Judge of Probate, AL 03/10/2003 12:51:00 FILED/CERTIFIED

NAME OF FIRST DEBTOR (1a or 1b		STATEMENT			
9a. ORGANIZATION'S NAME	7 ON RELATED I MANIONO				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
Patrick	Stacia	N			
. MISCELLANEOUS:					
		TH	ABOVE SPACE	IS FOR FILING OFF	CE USE ONLY
	ULL LEGAL NAME - insert only s	one name (11a or 11b) - do not abbreviate or cor	nbine names		
11a. ORGANIZATION'S NAME					
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
H TAY ID # CON OR EIN JADDE INEO D	E 110 TYPE OF OPCANIZATION	1 11f. JURISDICTION OF ORGANIZATION	110 080	SANIZATIONAL ID #, if a	<u></u>
1d. TAX ID #: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATION   ORGANIZATION		1 III. JURISDIC HON OF ORGANIZATION	į rig. Orc	SANIZATIONAL ID #, II o	
DEBTOR  2. ADDITIONAL SECURED PART	TY'S or ASSIGNORS/	P'S NAME - insert only <u>one</u> name (12a or 12	b)		NO.
12a. ORGANIZATION'S NAME	TIO ST LIVIOUICITOR	1 W TWINE - MISCICOMY ONE MAINS (124 OF 12		<del></del>	
R Driver Refriger	ation Inc				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 657		Pelham	AL	35124	USA
3. This FINANCING STATEMENT covers	timber to be cut or as-extract	······································			
collateral, or is filed as a fixture filing.					
4. Description of real estate: Legal Descripti	lon:				
ſ					
month 1/2 of La	5+11 + SOJ+A	ر			
5 feet of 10+ 10					
c. to survey of (	ie dan Gove				
States (Jr Add	L				
nb 3 pg 141					
Sheiby Co					
5. 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 o			
		Debter is a Trust of Trustee as	ting with respect to p	roperty held in trust or	Decedent's Es
		Debtor is a Trust or Trustee ac			<u> </u>
		18. Check <u>only</u> if applicable and check <u>o</u>	nly one box.		
			nly one box.		