

20030506000281080 Pg 1/2 33.25 Shelby Cnty Judge of Probate, AL 05/06/2003 14:41:00 FILED/CERTIFIED

## **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 Corporation #20-South 20th St.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME SUFFIX 1b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME POSTAL CODE COUNTRY CITY 1c. MAILING ADDRESS 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR 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 SUFFIX 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE 2c. MAILING ADDRESS CITY COUNTRY 2d. TAX ID #: SSN OR EIN ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any **ORGANIZATION** NONE **DEBTOR** 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. QRGANIZATION'S NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS 4. This FINANCING STATEMENT covers the following collateral: Aux Mechanical, Inc. M#SCU10E42A-K 7 # 5/603B20169 M# CDEYOBIA S# 60000000138

CONSIGNEE/CONSIGNOR

[ADDITIONAL FEE]

fif applicable)

BAILEE/BAILOR

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)

AG. LIEN

All Debtors

SELLER/BUYER

[optional]

NON-UCC FILING

Debtor 2

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	ATEMENT				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME,SUFFIX				
10. MISCELLANEOUS:					
44 ADDITIONAL DEDTODIC EVACT FULL LECAL NAME incombinance	nome (11e es 11h) de not obbres			IS FOR FILING OFFICI	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 11a. ORGANIZATION'S NAME	name (11a or 11b) - do not abbrev	viate or combine name	5		
OR	FIDETNIANCE		MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME	FIRST NAME			INAIVIE	30111
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11a. ORG	SANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR					NONE
12. ADDITIONAL SECURED PARTY'S or X ASSIGNOR S/P'S	S NAME - insert only <u>one</u> name	(12a or 12b)	·		
12a. ORGANIZATION'S NAME  (12a. ORGANIZATION'S NAME  (12a. ORGANIZATION'S NAME	Inc.				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
12c. MAILING ADDRESS	CITY /)		STATE POSTAL CODE		COUNTRY
5925 Johns 1000	Desser	ner	A	3502-3	USA
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descr	iption:			
collateral, or is filed as a fixture filing.  14. Description of real estate:					
Lot 1 Riverchase					
country club					
2 ml Section					
nuel Ohrase					
and Phrase Pos-61 map BK-8 Pos-61					
Parcel# 11-7-25-0-001-00/					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check <u>only</u> if applicable a	nd check <u>only</u> 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			
	Filed in connection with a	Public-Finance Transa	action — e	ffective 30 years	