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

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

'Alabama GAS Corporation # 20 South 20th Street Birmingham,A1 35295		3	25 re161		
DEPTOP'S CYACT CULL LEGGL NAME :	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name la. ORGANIZATION'S NAME	e (1a or 1b) - do not abbreviate or combine names				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
Carder MAILING ADDRESS	Rob	STATE	POSTAL CODE	COUNTRY	
1435 Secretariat Drive	Birmingham	A1	35080	USA	
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			NIZATIONAL ID #, if any		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE		SUFFIX	
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	N 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any			
DEBTOR	NOR S/P) insert only one secured party name (3a or 1	3b)	<u>. </u>	N	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	SINON 3/P) - Insert only one secured party name (salor .				
3a. ORGANIZATION'S NAME	Sivery - insert only one secured party name (sa or .				
/	FIRST NAME	MIDDLE	NAME	SUFFIX	
3a. ORGANIZATION'S NAME Alabama Gas Corporation		MIDDLE	NAME POSTAL CODE	SUFFIX	

CONSIGNEE/CONSIGNOR

NON-UCC FILING

AG. LIEN

All Debtors

SELLER/BUYER

BAILEE/BAILOR

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

8. OPTIONAL FILER REFERENCE DATA

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

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

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	C FINANCING STATEMI	_						
	LOW INSTRUCTIONS (front and back) IAME OF FIRST DEBTOR (1a or 1b) (TEMENT					
	9a. ORGANIZATION'S NAME							
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	ME.SUFFIX				
	Carder	Rob						
10.	MISCELLANEOUS:	INOD						
					THE AROV	EQDACE	IS FOR FILING OFF	TOE LIGE ONLY
11.	ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one r	name (11a or 11b) - do	not abbrev			15 FOR FILING OFF	ICE USE UNLT
	11a. ORGANIZATION'S NAME		individe (1.10 or 1.10) or					
OR	445 INDUVIDUAL TO LACTALANCE	······································	Teipozbianie			1		
	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
11c.	MAILING ADDRESS	·	CITY	.	· 	STATE	POSTAL CODE	COUNTRY
114	TAX ID #: SSN OR EIN ADD'L INFO RE	11e. TYPE OF ORGANIZATION	14f JUDIODICTION	LOFORCAN	UZATIONI	14.5 000	24 10 4 4	
ı ıu.	ORGANIZATION DEBTOR	THE OF ORGANIZATION	11f. JURISDICTION	OFORGAN	NIZATION	ji ig. Okt	SANIZATIONAL ID #, if a	any NONE
12.		'S or ASSIGNOR S/P'S	NAME - insert only	y <u>one</u> name ((12a or 12b)	<u></u>		INONE
	12a. ORGANIZATION'S NAME						•	··· ··· ··· ··· ··· ··· ··· ··· ··· ··
OR	OR Standard Heating & A/C Company 12b. INDIVIDUAL'S LAST NAME		FIRST NAME MIDDLE NAME					SUFFIX
12c.	MAILING ADDRESS	·	CITY			STATE	POSTAL CODE	COUNTRY
40	520 8TH Street Sout		Birmingha			A 1	35233	IISA
	This FINANCING STATEMENT covers tile to collateral, or is filed as a fixture filing. Description of real estate:	mber to be cut or as-extracted	16. Additional colla	iteral descrip	otion:			
	Lot 46 Dearing Down Phase 1 Map 10 p.78							
	Shelby County							
	Directly Country							
	Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-described real estate						
			17. Check only if a		_			
			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 30 years Filed in connection with a Public-Finance Transaction — effective 30 years					Decedent's Estate
	······································	···	Filed in connection with a Public-Finance Transaction — effective 30 years					