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

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

| LLOW INSTRUCTIONS (front and back) CAREFULLY | , | 2550 | roy | |
|--|---|---|---------------------------------------|---------------|
| NAME & PHONE OF CONTACT AT FILER [optional] | | 5 V | , , | |
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| ALAGESCO | | | | |
| #20 SOUTH 20TH STREET BIRMINGHAM, AL 35295 | | | | |
| | | | | |
| | | | | |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (| | | OR FILING OFFICE US | SE ONLY |
| 1a. ORGANIZATION'S NAME | | · · · | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| MAILING ADDRE2939 | CITY | STATE | POSTAL CODE | COUNTR |
| 129 GRANDE CLUB DRIVE TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION | MAYLENE | AL | 35114 | |
| ORGANIZATION DEBTOR | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG/ | ANIZATIONAL ID #, if any | |
| 25 INDIVIDUAL'S LAST NAME | CIDCT MANE | | | ···· <u>·</u> |
| 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS | FIRST NAME CITY | MIDDLE | NAME POSTAL CODE | SUFFIX |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION | CITY | STATE | | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNCE) | CITY 2f. JURISDICTION OF ORGANIZATION | STATE 2g. ORG/ | POSTAL CODE | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO ALABAMA GAS CORPORATION) | CITY 2f. JURISDICTION OF ORGANIZATION | STATE 2g. ORG/ | POSTAL CODE | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNCE) 3a. ORGANIZATION'S NAME | CITY 2f. JURISDICTION OF ORGANIZATION | STATE 2g. ORG/ | POSTAL CODE ANIZATIONAL ID #, if any | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 SOUTH 20th street | 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a) | 2g. ORG/ | POSTAL CODE ANIZATIONAL ID #, if any | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME | 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a FIRST NAME CITY BIRMINGHAM | STATE 2g. ORG/ or 3b) MIDDLE STATE AL | POSTAL CODE NAME POSTAL CODE | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME ADDRESS #20 SOUTH 20th street his FINANCING STATEMENT covers the following collateral: | 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a FIRST NAME CITY BIRMINGHAM IIT, COIL & FURNACE | STATE 2g. ORG/ MIDDLE I STATE AL | POSTAL CODE NAME POSTAL CODE | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME #20 SOUTH 20th street his FINANCING STATEMENT covers the following collateral: 4 TON AMANA CONDENSING UN | 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a FIRST NAME CITY BIRMINGHAM IIT, COIL & FURNACE SERIAL# 030411 | STATE 2g. ORG/ or 3b) MIDDLE I STATE AL 5722 | POSTAL CODE NAME POSTAL CODE | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO ALABAMA GAS CORPORATION 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME WAILING ADDRESS #20 SOUTH 20th street this FINANCING STATEMENT covers the following collateral: 4 TON AMANA CONDENSING UN COIL + MODEL# CNA42TCC | CITY 2f. JURISDICTION OF ORGANIZATION OR S/P) - insert only one secured party name (3a FIRST NAME CITY BIRMINGHAM UIT, COIL & FURNACE SERIAL# 030411 | STATE 2g. ORG/ or 3b) MIDDLE (AL) 5722 7848 | POSTAL CODE NAME POSTAL CODE | COUNTR |

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

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

20030721000464860 Pg 2/2 35.50 Shelby Cnty Judge of Probate, AL 07/21/2003 14:19:00 FILED/CERTIFIED

| | EMENT ADDENDUM | | | | | | |
|---|--|---|---------------------------------------|--|--------------|--|--|
| FOLLOW INSTRUCTIONS (front and | | | | | | | |
| 9. NAME OF FIRST DEBTOR (Take | or 1b) ON RELATED FINANCING STA | IEMENI | | | ٠. | | |
| | | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME roark | FIRST NAME MARK | MIDDLE NAME, SUFFIX | | | | | |
| 10. MISCELLANEOUS: | | | | | | | |
| | | | AROVE QUACE | IS EOD EN ING OFFI | 'E HÈE ANI V | | |
| 11 ADDITIONAL DERTOR'S EXAC | CT FULL LEGAL NAME - insert only one n | | | IS FOR FILING OFFIC | JE USE UNLY | | |
| 11a. ORGANIZATION'S NAME | TOLL LEGAL NAME - Insert only one n | ame (11a or 11b) - do not appreviate or comp | ane names | _ | | | |
| | | | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | MIDDLE NAME | | | |
| | | | | | | | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY | | |
| 11d. TAX ID #: SSN OR EIN ADD'L INI | FO RE 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 117 080 | CANDATIONAL ID # # | | | |
| ORGANIZ | ZATION ' | , I II. JURISDIC FICIN OF ORGANIZATION | (11g. OK | SANIZATIONAL ID #, if ar | | | |
| 12. ADDITIONAL SECURED P. | | NAME incort only one course (40c on 40b) | | ······································ | NONE | | |
| 12a. ORGANIZATION'S NAME | ARTIS OF LIASSIGNOR SIPS | NAME - insert only one name (12a or 12b) | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | HEATING AND AIR C | CONDITIONING, INC | • | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | MIDDLE NAME | | | |
| | | <u> </u> | | | | | |
| 12c. MAILING ADDRESS P.O. BOX | 1390 | ALABASTER | STATE | POSTAL CODE 35007 | COUNTRY | | |
| | | | AL | 33007 | | | |
| 13. This FINANCING STATEMENT covers collateral, or is filed as a fixture for the first time of time of the first time of the first time of the first time of the first time of time of the first time of the first time of time | | 16. Additional collateral description: | | | | | |
| at 0 d | | | | | | | |
| ot 2 Grandview E | | | | | | | |
| livianpour Additi labaster 3rd A | | | | | | | |
| lap b ook 20 Page | | | | | | | |
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| | | | | | | | |
| 15. Name and address of a RECORD OW | NFR of above-described real estate | | | | | | |
| (if Debtor does not have a record inter- | | | | | | | |
| | | | | | | | |
| | | 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 | | | | | |
| | | Filed in connection with a Public-Finance | ce Transaction — e | fective 30 years | | | |