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

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

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Adabama Gas Corporation of the portion of the por	THE ABOVE SPA	20030827000569930 Pg 1/2 31.45 Shelby Cnty Judge of Probate, AL 08/27/2003 10:46:00 FILED/CERTIFIED 31. 55. 55. 55. 55. 55. 55. 55. 55. 55. 5
1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S LAST NAME I USET +	FIRST NAME Eduard	MIDDLE NAME SUFFIX
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR	BICITY BICITY 1f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 19. ORGANIZATIONAL ID #, if any STATE POSTAL CODE COUNTRY COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME	ebtor name (2a or 2b) - do not abbreviate or combine n	
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 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S 3a. ORGANIZATION'S NAME A A A A A A A A A A A A A A A A A A A	S/P) - insert only <u>one</u> secured party name (3a or 3b)	
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
3c. MAILING ADDRESS 4. This FINANCING STATEMENT covers the following collateral:	Birmingham	STATE POSTAL CODE COUNTRY U.S.A.
Aufernative designation [if applicable]: Lessee/Lessor Consideration of the Real State of the Real Control	Model SNH SNH GNEE/CONSIGNOR BAILEE/BAILOR S	= SCUIOE24A 1603E39469 220 Delien NON-UCCFILING

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

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

08/27/2003 10:46:00 FILED/CERTIFIED

FOLLOW INSTRUCTIONS (front and back) CAP NAME OF FIRST DEPTOR (4-2-4-) CAP	REFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) ON R 9a. ORGANIZATION'S NAME	RELATED FINANCING STAT	TEMENT				
OR						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
7101et	ENWONO					
10. MISCELLANEOUS:						
11 ADDITIONAL DEPTODIC EVACTORS OF		· · · · · · · · · · · · · · · · · · ·	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEG	GAL NAME - insert only <u>one</u> na	me (11a or 11b) - do not abbrev	iate or combine name	s	· · · · · · · · · · · · · · · · · · ·	
OR .						
11b. INDIVIDUAL'S LAST NAME	NAME FIRST NAME			MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS	······································	CITY				
		ÇIT T		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #; SSN OR EIN ADD'L INFO RE 11e. ORGANIZATION	TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	IIZATION	11g. ORC	SANIZATIONAL ID #, if any	
DEBTOR		· · · · · · · · · · · · · · · · · · ·				NONE
12. ADDITIONAL SECURED PARTY'S of 12a. ORGANIZATION'S NAME		NAME - insert only one name	(12a or 12b)	······································	<u> </u>	
OR AUX Mechani	acel	nc.				
12b. INDIVIDUAL'S LAST NAME	·	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY —		STATE	TROSTAL CODE	0011170
<u>5925</u> Johns	Kuad	Desser	ne(STATE	POSTAL CODE (CODE)	COUNTRY
	o be cut or as-extracted	16. Additional collateral descrip	tion:			
collateral, or is filed as a fixture filing. 14. Description of real estate:						
Sh	2134 (D					
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LITH						
Lot# 24 map Back# 5						
maplus						
page #						
ruge '						
Alfadena Va	11/2/					
	•					
15. Name and address of a RECORD OWNER of above- (if Debtor does not have a record interest):	-described real estate					
		7. Check <u>only</u> if applicable and	check only one box.	 		
		<u> </u>			perty held in trust or De	ecedent's Estate
	[1]	8. Check only if applicable and	check <u>only</u> one box.			
		Debtor is a TRANSMITTING I			nes attack on	
		Filed in connection with a Ma	blic-Finance Transact	insaction - tion — effe	enective 30 years ective 30 years	