UCC FINANCING STATEMENT

20050627000317400 1/2 \$31.30 Shelby Cnty Judge of Probate, AL 06/27/2005 02:28:16PM FILED/CERT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
Alagasco #20 South 20# Street
Birmingham, Al 35295

Browngham, US	7275			
4 DEDTODIO EVA OT ELILA LEGGAL MANGE :		SPACE IS FOR FIL	ING OFFICE USE (JNLT
DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a	or 10) - do not abbreviate of combine names			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS.	CITY	STATE POS	TAL CODE	COUNTRY
1636 Keenland Drive	Allena	<i>M</i>	35080	
1d. TAX ID #: , SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZA	TIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the control of	debtor name (2a or 2b) - do not abbreviate or comb	oine names	<u> </u>	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SU		SUFFIX
2c. MAILING ADDRESS	CITY	STATE POS	TAL 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		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF	R S/P) - insert only <u>one</u> secured party name (3a or	3b)		
3a. ORGANIZATION'S NAME AJABAMA GAS CORPORAT	TION			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
3c. MAJLING ADDRESS South 20th Street	Birmingham	STATE, POS	TAL CODE 35995	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: A statement covers the following collateral: A statement covers the following collateral:	# Serial	#		
DUCANE HAD2224E/	35 B/62259	6004	m68/2	
AC/0B24/5	709470514			
	A2180.			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONS. 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum	SIGNEE/CONSIGNOR BAILEE/BAILOR AL 7. Check to REQUEST SEARCH REPORTABLE [ADDITIONAL FEE]	SELLER/BUYER RT(S) on Debtor(s) [optional]		NON-UCC FILING btor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA				

JCC FINANCING STATEN OLLOW INSTRUCTIONS (front and back					
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S NAME					
R 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
JAVVI C	Slonhon				
D. MISCELLANEOUS:					
		·		IS FOR FILING OFFIC	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT F 11a. ORGANIZATION'S NAME	ULL LEGAL NAME - insert only <u>one</u> r	ame (11a or 11b) - do not abbreviate or	combine names		
R		FIDOT MARAE		NIA NAC	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	INAIVIE	JOUTTIA
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO FOR ORGANIZATION DEBTOR		11f. JURISDICTION OF ORGANIZATI	ION 11g. ORG	SANIZATIONAL ID #, if a	ny No
2. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a c	or 12b)		
12a. ORGANIZATION'S NAME FREEDOM, A	JURRY FREE COR	o D			
R 12b. INDIVIDUAL'S LAST NAME	JURICY PREC COR	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	1.	CITY 2	STATE	POSTAL CODE	COUNTRY
3053 Mound	Janview Wan	Alssemen	14	35020)
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 4. Description of real estate.	timber to be cut or as-extracted	16. Additional collateral description:			
	Jauna 104				
Dearing Laddition L	24/0				
Map Book K	1 page 86				
5. Name and address of a RECORD OWNER (if Debtor does not have a record interest):					
		17. Check only if applicable and che	ck <u>only</u> one box.		
		Debtor is a Trust or Trustee	e acting with respect to p	roperty held in trust or	Decedent's Es
		18. Check only if applicable and che			
		Debtor is a TRANSMITTING UTIL	ITY		
		Filed in connection with a Manuf			
		Filed in connection with a Public	-Finance Transaction — e	effective 30 years	