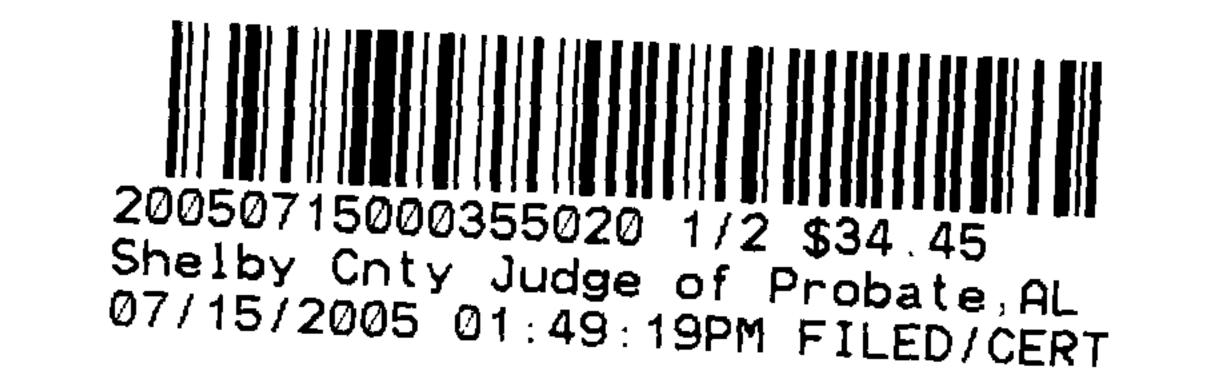
5/olly 5/00/15 28-00/



UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alagasco

#20 50uth 20th 3treet

Birmingham, Al. 35295

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
DEBTOR'S EXACT FULL LEGAL NAME - insert or	nly <u>one</u> debtor name (1a or 1b) - do not abbreviate or	combine names	<u></u>			
1a. ORGANIZATION'S NAME						
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE	IAME	SUFFIX	
Sowell Soule	Ma					
MAILING ADDRESS	CITY /		STATE	POSTAL CODE	COUNTRY	
192 Stonepria	90 (1. /2/ha/	11		35/2	4	
TAX ID # SSN OR FIN ADD'L INFO RE 1e. TYPE ORGANIZATION	OF ORGANIZATION 1f. JURISDICTION OF OF	RGANIZATION	1g. ORGA	NIZATIONAL ID #, if a	aný	
DEBTOR						
ADDITIONAL DEBTOR'S EXACT FULL LEGAL N	IAME - insert only <u>one</u> debtor name (2a or 2b) - do no	ot abbreviate or c	ombine names			
2a. ORGANIZATION'S NAME						
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	— <u> </u>	MIDDLE	MIDDLE NAME		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE	OF ORGANIZATION 2f. JURISDICTION OF OF	RGANIZATION	2g. ORGA	NIZATIONAL ID#, if a	any	
ORGANIZATION ' DEBTOR						
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
SECURED PARTY'S NAME (or NAME of TOTAL A	SSIGNEE of ASSIGNOR S/P) - insert only one secure	ed party name (3a	a or 3b)			
SECURED PARTY'S NAME (or NAME of TOTAL A	SSIGNEE of ASSIGNOR S/P) - insert only one secure	ed party name (3a	a or 3b)			
3a. ORGANIZATION'S NAME Alabama	GAS CORPORA	ed party name (3a)			CUEEIV	
3a. ORGANIZATION'S NAME A COMMON COM		ed party name (3a)	a or 3b)	JAME	SUFFIX	
3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME	GAS CORPORCE FIRST NAME	ed party name (3a)	MIDDLE			
3a. ORGANIZATION'S NAME A COMMA 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	2401	MIDDLE	POSTAL CODE		
3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 South 20 4	AS CORPORCE FIRST NAME CITY BISME	2401	MIDDLE			
3a. ORGANIZATION'S NAME A LA DOMA 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 South 20 % This FINANCING STATEMENT covers the following collater	AS CORPORCE FIRST NAME CITY Birmin ral:	2401	MIDDLE			
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3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT covers the following collater 0 +00 Split Sylvenian	A SHEET BIRME	nghan	MIDDLE	POSTAL CODE 3525	25 COUNTR	
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3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS THOO SOUTH 20 THE TOTAL	A SHEET BIRME COTY COTY M# CAM36A-1	Bighan	MIDDLE N STATE CON M# 5	POSTAL CODE 3529	25 COUNTR	
3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #20 South 20 # This FINANCING STATEMENT covers the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following collater O HON SPILL SY MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT COVERS the following Collater O HON SPILL SY MAILING ADDRESS #30 South 20 # MAILING ADDRESS #30 South 20 # MAILING ADDRESS #40 South 2	A SHEET BIRME COTY COTY M# CAM36A-1	Bighan	MIDDLE N STATE Cor M# 5	POSTAL CODE 3529	25 COUNTR 25 Uni 36 A-1	
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3a. ORGANIZATION'S NAME Alabama 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS #30 South 20 # This FINANCING STATEMENT covers the following collater O HON SPILL SY ANACCE ANACCE ANACCE 1605 A 14016	A Street City Birmings Stem Coil M# CAM36A-1 5# 6005 E 656	Bighan	MIDDLE N STATE Cor M# 5	POSTAL CODE 3529	25 COUNTRY 25 UNI 36 A-1	
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OLLOW INSTRUCTIONS (front and back) CAREFULLY			
3. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	ATEMENI		
9a. ORGANIZATION'S NAME			
R			
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX		
DEWELL //Q/4			
). MISCELLANEOUS:			
		ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	e name (11a or 11b) - do not abbreviate or com	bine names	
11a. ORGANIZATION'S NAME			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
ORGANIZATION ' DEBTOR		1	NO
	PC NIANT in a set of the second of the secon		
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P	'S NAME - insert only <u>one</u> name (12a or 12	<u> </u>	<u> </u>
Aux Mechanical			
	FIRST NAME	MIDDLE NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME	FIRSTNAME		
			COLUNITORY
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
5925 10 hrs 10ad	10255emen	1443000	
3. This FINANCING STATEMENT covers timber to be cut or as-extracted	d 16. Additional collateral description:		
collateral, or is filed as a fixture filing.			
4. Description of real estate. T			
offages at Stone Have			
d Addition Phase 1			
PBOOK 23 page 87			
Lot 84			
5. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):			
	17 Chack applies his and shock a	nly one hoy	
	17. Check only if applicable and check o]
		ting with respect to property held in trust or	Decedent's Est
	18. Check only if applicable and check only	nly one box.	
	Debtor is a TRANSMITTING UTILITY		
		and Hama Transportion officiality 20 years	
	Filed in connection with a Manufactu	red-Home Transaction — effective 30 years	

UCC FINANCING STATEMENT ADDENDUM