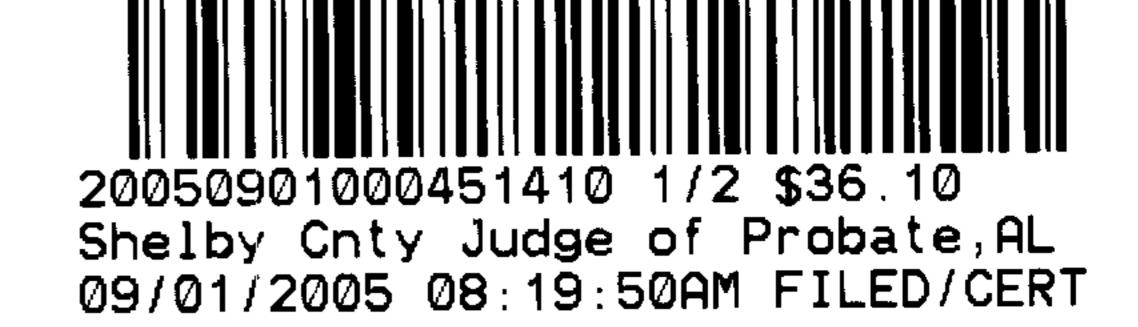
5h. 3000



## **UCC FINANCING STATEMENT**

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alagasco #20 South 20th 5treet Birmingham, al. 35295

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT  1a. ORGANIZATION'S		IE - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names			
OR  1b. INDIVIDUAL'S LAST NAME  PIERCE		FIRST NAME  BOB (Robert)	MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS	. / _	Bas De	Alabaster Bham	STATE.	POSTAL CODE 35347	COUNTRY
1d. TAX ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTO 2a. ORGANIZATION'S		LEGAL NAME - insert only <u>one</u> o	debtor name (2a or 2b) - do not abbreviate or combine	names		
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 ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
3a. ORGANIZATION'S	NAME	of TOTAL ASSIGNEE of ASSIGNOR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
3c. MAILING ADDRESS	uth 20	th Street	Birmingham	STATE  A	POSTAL CODE 355295	COUNTRY
4. This FINANCING STATE	• • • • • • • • • • • • • • • • • • • •	···········				

Rund 3pc.

UCPP OTEMMER

RCBA 3 7656-17XI

UAKB OFZJAZ

5395

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR		BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-U	JCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorde ESTATE RECORDS. Attach Addendum	d) in the REAL 7. Check to REQ [if applicable] [ADDITIONAL	UEST SEARCH REPOR	T(S) on Debtor(s)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA	· · · · · · · · · · · · · · · · · · ·					

UCC FINANCING STATEN					
OLLOW INSTRUCTIONS (front and back) 9. NAME OF FIRST DEBTOR (1a or 1b)		STATEMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME 303	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
			THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert only	one name (11a or 11b) - do not abbrev	iate or combine names		
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO FOR ORGANIZATION DEBTOR		11f. JURISDICTION OF ORGAN	NIZATION 11g. (	PRGANIZATIONAL ID #, if	any NONE
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S	P'S NAME - insert only <u>one</u> name	(12a or 12b)		
12a. ORGANIZATION'S NAME					
OR 12b. INDIVIDUAL'S LAST NAME	eat each	FIRST NAME	MIDD	LE NAME	SUFFIX
12c. MAILING ADDRESS	2	CITY / Accord	STAT	E POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers	timber to be cut or as-extraction	ted 16. Additional collateral descri		1 37209	
collateral, or is filed as a fixture filing					
14. Description of real estate:					
Lot 40 Bro	La bond 1sto	1: How			
Lot 40	new por				
1st phase					
Mas book	8 09 16				
1 'W					
4E N	<b>C</b> ) _ <b>k</b> _ <b>k</b> _ <b>.</b>				
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):					
		17. Check only if applicable ar	nd check <u>only</u> one box.		
		Debtor is a Trust or	Frustee acting with respect t	o property held in trust or	Decedent's Estate
		18. Check only if applicable ar			
		Debtor is a TRANSMITTING Filed in connection with a		tion — effective 30 veers	
		Filed in connection with a	Public-Finance Transaction -	- effective 30 years	