Shelby #31.75

20060915000460740 1/2 \$31.75 Shelby Cnty Judge of Probate, AL 09/15/2006 03:16:14PM FILED/CERT

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Alagasco	
#20 South 20th Street Birmingham, AL 35295	
Durmingham, HL 33213	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not al	hra

	THE ABOVE S	SPACE IS FOR	FILING OFFICE US	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1				
1a. ORGANIZATION'S NAME		<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
Schraden	Molila			
MAILING ADDRESS/	CITY ,	STATE	POSTAL CODE	COUNTRY
111 Hollow Lane	7/2/2		25000	
TAX ID # SSN OR FIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	10 ORGAN	IIZATIONAL ID #, if any	
ORGANIZATION	1	ı ig. Ortozu	in any	
DEBTOR  DEDTODIC EXACT FULL FOAL MANE.				NO
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	e debtor name (2a or 2b) - do not abbreviate or combi	ine names		
2b. INDIVIDUAL'S LAST NAME	FIDOT NIANAC		\ <b>.</b>	T = 1 . = =
LEG. 11401 VIDOAL O LAGI INAIVIL	FIRST NAME	MIDDLE NA	AME	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ΓΑΧ ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGAN	IIZATIONAL ID #, if any	· · · · · · · · · · · · · · · · · · ·
DEBTOR				Π <sub>NC</sub>
ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured party name (3a or 3	b)		
3a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
Hlagasco) Hlabama Gas	Corporation			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
Į				1
AAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS  20 Sh Start		STATE	POSTAL CODE	COUNTRY
20 South 20th Street	Birmingham	STATE	20STAL CODE 35	COUNTRY
20 South 20th Street		STATE	35295	COUNTRY
20 South 20th Street	Burningham	M	35295	COUNTRY
Dis FINANCING STATEMENT covers the following collateral:	Burningham	M	35295	COUNTRY
is FINANCING STATEMENT covers the following collateral:	Burningham	M	35295	COUNTRY
is FINANCING STATEMENT covers the following collateral:	Burningham 2,5 Tol	J A	35295	COUNTRY
Osouth 20th Street	Burningham 2,5 Tol	J A	35295	2500 2500
his FINANCING STATEMENT covers the following collateral:	Burningham  2,5 701  unit 13 see	1 Co	35295 01)	2500
Dis FINANCING STATEMENT covers the following collateral:	Burningham  2,5 701  unit 13 see	1 Co	35295 01)	2500
his FINANCING STATEMENT covers the following collateral:	Burningham 2,5 Tol	1 Co	35295 01)	2500 2500
his FINANCING STATEMENT covers the following collateral:	Burningham  2,5 701  unit 13 All  serial # 060	M. C. 240	35295 036	2500
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MAILING ADDRESS  AD South 20th Street  his FINANCING STATEMENT covers the following collateral:  MAILING ADDRESS  AD South 20th Street  Mailing Address  Add	Burningham  2.5 Tol  unit 13 All  Alrial # 060  2.5 Horiza	MA Con All	35295 036 Confl	2500
his FINANCING STATEMENT covers the following collateral:	Burningham  2.5 Tol  unit 13 All  Alrial # 060  2.5 Horiza	MA Con All	35295 036 Confl	2500
Dis FINANCING STATEMENT covers the following collateral:	Burningham  2,5 701  unit 13 All  serial # 060	MA Con All	35295 036 Confl	2500
his FINANCING STATEMENT covers the following collateral:  Advandance  Advandan	Burningham  2.5 Tol  unit 13 All  Alrial # 060  2.5 Horiza	MA Con All	35295 036 Coul	2500

UCC FINANCING STATEM FOLLOW INSTRUCTIONS (front and back						
9. NAME OF FIRST DEBTOR (1a or 1b) 9a. ORGANIZATION'S NAME	ON RELATED FINANCING STA	ATEMENT				
OR INDIVIDUALICA ACT MANAGE						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:	- recover					
			THE ABOVE S	SPACE	IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FU	JLL 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	<del></del>	FIRST NAME		MIDDLE	NIA NA E	SUFFIX
			'	VIIDDLE:		JOHN
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	<u>,</u>	11f. JURISDICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID #, if any	<u> </u>
DEBTOR						NON
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME.		S NAME - insert only <u>one</u> name			<u> </u>	<u></u>
Worry Fre Contor	+ Systems DBF	todan lloating	1 d Chalin	N		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	74-001-1	MIQDLE:	NAME	SUFFIX
12c. MAILING ADDRESS		CIZ		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16 Additional additional description		H	30000	
collateral, or is filed as a fixture filing.	timber to be cut or as-extracted	16. Additional collateral descri	puon:			
14. Description of real estate:						
20122 Pl	antim Son					
319 Sec.	hase5					
$M_{\Lambda} \Lambda 10 \Delta$	25					
Map 17 Pg						
Shelly (						
15. Name and address of a RECORD OWNER of	of above-described real estate					
(if Debtor does not have a record interest):						
		4				
		17. Check only if applicable and				
		Debtor is a Trust or 18. Check only if applicable and		ect to pr	operty held in trust or D	ecedent's Estate
		Debtor is a TRANSMITTING				
		Filed in connection with a l	Manufactured-Home Tra	ansaction	— effective 30 years	
		Filed in connection with a F	Public-Finance Transact	tion — ef	fective 30 years	