5helby 833.55

UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alagasco

Hao South 20th 5theet

B'ham, M. 35-295

20060915000460750 1/2 \$33.55
Shelby Chty Judge of Probate, AL
00/45/2006 02.46.45DM ETLED/CERT

DEBTOR'S EXACT FILL LEGAL NAME - insert and	y <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names	···· · · · · · · · · · · · · · · ·	
1a. ORGANIZATION'S NAME	y <u>vine</u> debior name (ia or 10) - do not abbreviate or combine names		
R 1b. INDIVIDUAL'S LAST NAME		NAIDDI E NIANE	TOLIECIV
10. INDIVIDUAL S LAST NAIVE	FIRST NAME /////////	MIDDLE NAME	SUFFIX
MAILING ADDRESS 2643 Buttelli	bods Dr. Hoover	STATE POSTAL C	COUNTRY COUNTRY
TAX ID # SSN OR FIN ADD'L INFO RE 1e. TYPE O ORGANIZATION DEBTOR	F ORGANIZATION 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONA	L ID #, if any
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NA 2a. ORGANIZATION'S NAME	AME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or c	ombine names	
R 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL C	ODE COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE O	NE ODGANIZATIONI OF ODGANIZATION	20 ODO ANII 7 A TIONI A	I ID # if any
į.	OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONA	TE ID #, If any
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL AS: 3a. ORGANIZATION'S NAME	SSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a	a or 3b)	
SECURED PARTY'S NAME (or NAME of TOTAL ASS	SSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a	a or 3b) MIDDLE NAME	SUFFIX
SECURED PARTY'S NAME (or NAME of TOTAL ASS 3a. ORGANIZATION'S NAME A COMMON C	Corporation		SUFFIX
SECURED PARTY'S NAME (or NAME of TOTAL ASS 3a. ORGANIZATION'S NAME ADDIANA 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS This FINANCING STATEMENT covers the following collateral Ducane Sensing Unit M#	Corporation FIRST NAME CITY B'ham CHAS SYSTEM 2AC13L36F-1A SH	STATE POSTALO A/ 35	SUFFIX COUNTR
SECURED PARTY'S NAME (or NAME of TOTAL AS: 3a. ORGANIZATION'S NAME ADDITION OF SAME MAILING ADDRESS This FINANCING STATEMENT covers the following collateral Ducane Split Lensing Unit M# Mace M# MBGAC	Corporation FIRST NAME CITY B'ham CAS System 2AC13L36P-1A 5# 07583 5# 583266	MIDDLE NAME STATE POSTAL C 4/35 54606E53 406/6	SUFFIX ODE COUNTR 295
SECURED PARTY'S NAME (or NAME of TOTAL AS: 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS This FINANCING STATEMENT covers the following collateral Ducane Split Densing Unit M# Nace M# MBGAC	Corporation FIRST NAME CITY B'ham CHAS SYSTEM 2AC13L36F-1A SH	MIDDLE NAME STATE POSTAL C A/ 35 54606E53 406/6 5# 56066	SUFFIX ODE COUNTR 295 453
SECURED PARTY'S NAME (or NAME of TOTAL AS: 3a. ORGANIZATION'S NAME ADDIANA 3b. INDIVIDUAL'S LAST NAME This FINANCING STATEMENT covers the following collateral Decane Sensing Unit Make Mace M# MAGAC	Corporation FIRST NAME CITY B'ham CAS System 2AC13L36P-1A 5# 07583 5# 583266	MIDDLE NAME STATE POSTAL C A/ 35 54606E53 406/6 5# 56066	SUFFIX ODE COUNTR 295

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME OR MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADD'L INFO RE 11e. TYPE OF ORGANIZATION SSN OR EIN 11g. ORGANIZATIONAL ID #, if any 11d. TAX ID #: 11f. JURISDICTION OF ORGANIZATION ORGANIZATION DEBTOR NONE ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY Dessaul 13. This FINANCING STATEMENT covers 16. Additional collateral description: timber to be cut or as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: addition to Altadena Valley Map Book 5 15. Name and address of a RECORD OWNER of above-described estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years