





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			
	THE ABOVE	SPACE IS FOR FILING OFFICE US	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names	<u></u>	<u> </u>
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PRICE	ERNEST		
1c. MAILING ADDRESS	CITY BIRMINGHAM	STATE POSTAL CODE AL 35080	COUNTRY
1731 NATIVE DANCER CIRCLE  1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or comb	ine 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 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR  3a. ORGANIZATION'S NAME	R S/P) - insert only <u>one</u> secured party name (3a or :	3b)	
OR ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

#20 SOUTH 20TH STREET

GOODMAN A/C GSCS130241A S/N=0706728409 GOODMAN COIL CSCF1824N6A S/N 0609655298

\$3696.00

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) i	in the REAL 7. Check to REQ [if applicable] [ADDITIONAL	UEST SEARCH REPOR FEE!	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
3, OPTIONAL FILER REFERENCE DATA						

BIRMINGHAM

UCC FINANCING STATEMENT ADDENI	DUM			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANC	ING STATEMENT			
9a. ORGANIZATION'S NAME				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
PRICE				
10. MISCELLANEOUS:				
	•			
	TH	IE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert	only <u>one</u> name (11a or 11b) - do not abbreviate or co	mbine names		
11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZ ORGANIZATION	ATION 11f. JURISDICTION OF ORGANIZATION	11g. OR0	SANIZATIONAL ID #, if	any
DEBTOR		<u> </u>		NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNO 12a. ORGANIZATION'S NAME	OR S/P'S NAME - insert only <u>one</u> name (12a or 1	2b)	<del></del>	
STANDARD HEATING &A/C COM	TD A N V			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
520 8TH STREET SOUTH	BIRMINGHAM	ΑL	35233	
	extracted 16. Additional collateral description:			
collateral, or is filed as a  fixture filing.  14. Description of real estate:				
LOT 29 DEARING DOWNS				
10TH ADDITION				
MAP BOOK 14 PAGE 86				
SHELBY COUNTY				
SHEDI COUNTI				
15. Name and address of a RECORD OWNER of above-described real esta	at o			
(if Debtor does not have a record interest):				
	17. Check <u>only</u> if applicable and check	only one box.		
		·	roperty held in trust or	Decedent's Estate
	18. Check only if applicable and check	only one box.		
	Debtor is a TRANSMITTING UTILITY	<b>′</b>		
	Filed in connection with a Manufact			
	Filed in connection with a Public-Fire	nance Transaction — e	ffective 30 years	