



OW INSTRUCTIONS (front and back) CAREFULLY					
AME & PHONE OF CONTACT AT FILER [optional]					
END ACKNOWLEDGMENT TO: (Name and Address)					
ALAGASCO					
20 SOUTH 20TH ST. BIRMINGHAM, AL 35295					
	THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY	
EBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (a. ORGANIZATION'S NAME	1a or 1b) - do not abbreviate or combine names				
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
PAULIN AILING ADDRESS	PROVIDENCE	STATE	STATE POSTAL CODE		
2308 WOODLAND CIR.	BIRMINGHAM	AL	35242	COUNTRY	
X ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		NIZATIONAL ID #, if any		
DEBTOR DEBTOR Selection of the part of the control of the contro	e debtor name (2a or 2b) - do not abbreviate or comb	bine names			
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE 1	MIDDLE NAME		
AILING ADDRESS	CITY	STATE	STATE POSTAL CODE		
AX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	2g. ORGANIZATIONAL ID #, if any		
CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION	OR S/P) - insert only <u>one</u> secured party name (3a or	3b)			
BLADAMA GAS CORPORATION b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
20 SOUTH 20TH ST.	BIRMINGHAM	AL	35242	USA	
S FINANCING STATEMENT covers the following collateral: IE 2 TON GOODMAN CONDENSER MODEL #GS IE 2 TON GOODMAN COIL MODEL #CHPF18. IE 2 1/2 TON GOODMAN CONDENSER MODE IE 2 1/2 TON GOODMAN COIL MODEL #CAI	24A6 SERIAL #0702027364 L #GSC130301 SERIAL #070	04043655			

UCC FINANCING STATE							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT							
9a. ORGANIZATION'S NAME			<u></u>				
OROR	FIRST NAME		MIDDLE NAME,SUFFIX				
			IVIIDDLE NAIVIE,SUFFIX				
PAULIN 10. MISCELLANEOUS:	PROVIDENCE		<u> </u>				
						IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL NAME - insert only one	name	(11a or 11b) - do not abbrev	iate or combine nam	es	 	
11b. INDIVIDUAL'S LAST NAME		FIF	RST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CIT	Υ		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO I ORGANIZATI DEBTOR		111	. JURISDICTION OF ORGAN	NIZATION	11g. ORG	SANIZATIONAL ID #, i	f any NONE
12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P'S	S N/	AME - insert only <u>one</u> name	(12a or 12b)	· · · · · · · · · · · · · · · · · · ·	•	
GUIN SERVICE INC	٦ - •			<u>.</u>	.		
12b. INDIVIDUAL'S LAST NAME		FIF	FIRST NAME		MIDDLE NAME SUFFIX		
12c. MAILING ADDRESS	<u> </u>	CIT	ΓΥ	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
10 SOUTH 55TH ST.			BIRMINGHAM		AL	35212	USA
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate:	timber to be cut or as-extracted	16	. Additional collateral descri	ption:	l WT		
MAP BOOK 16 PAGE 82 WOODLAND SUBDIVISIO							
15. Name and address of a RECORD OWNER (if Debtor does not have a record interest):		17	. Check <u>only</u> if applicable an	d check <u>only</u> one box			
		De	otor is a Trust or T	rustee acting with re	espect to pi	operty held in trust o	Decedent's Estate
		18.	Check <u>only</u> if applicable an	d check <u>only</u> one box	Χ.		
			Debtor is a TRANSMITTING				
			Filed in connection with a N			-	
			Filed in connection with a F	rublic-Finance Trans	action — ef	Tective 30 years	