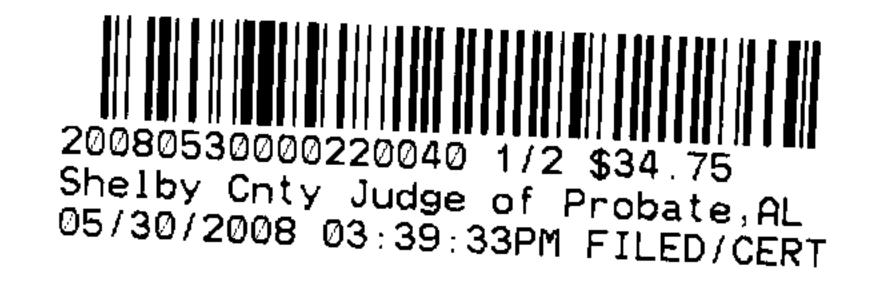
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) AL GAS Com 20 South 20th St Bham Al 35295	

	THE ABOVE	SPACE IS FOR FILING OFFICE I	JSE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1	a or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Freland	Horace		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
74 Ashington Dr	13ham	M 35242	L USB
1d. TAX ID #: S\$N OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if ar	non
BTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	ine names	····
2a. ORGANIZATION'S NAME			
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	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if ar	iy
DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO			NON
OR AL CAS CAG, 3b. INDIVIDUAL'S LAST NAME 3c. MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE, POSTAL CODE	SUFFIX
20 South 20th St	Bhom	A1 35295	USA
4. This FINANCING STATEMENT covers the following collateral: 1 - TengsTar B/C Md 1 - TengsTar Coul mod		Ser# E0 710 Ser# X 0641	
1 Tengstor Furnnee m		82 8 A074 4500, -	•
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONS	SIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILIN

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 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX rtorace 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 POSTAL CODE STATE COUNTRY 11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S or 12a. ORGANIZATION'S NAME FIRST NAME 12b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS POSTAL CODE COUNTRY STATE USA 13. This FINANCING STATEMENT covers timber to be cut or 16. Additional collateral description: as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: Lot 244 Brook Hishland le Sect 2 Phase map Book 15 Page 50 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. 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