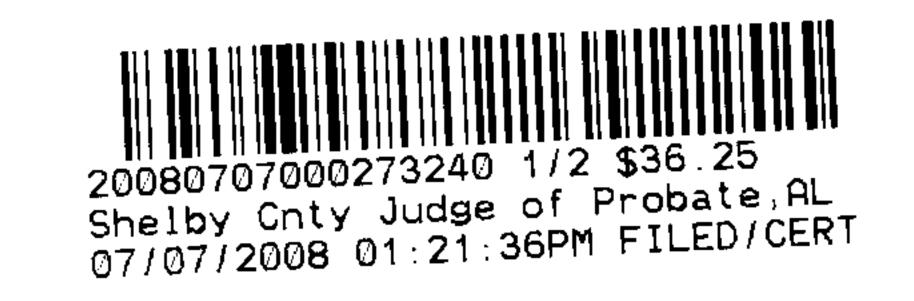
28.00 8.25 36.25



UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A LAGAS(0)

20 SOUTH ZOTHSTAFFT

BIAMWHM, AL. 35295

$O(a_{1},a_{2},a_{3},a_{4},a_{5},a_{5}) = O(a_{1},a_{5})$				
Birmwym, AC. 35295	THE ABOVE	SPACE IS EC	OR FILING OFFICE US	E ONI V
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name		L SPACE IS FO	JK FILING OFFICE 03	EUNLI
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S LAST NAME		T		
STAMBA	FIRST NAME	MIDDLE NAME		SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3152 WOODBRIDGE DAIVE	BILMINGERM	AL	35247	
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION		·	ANIZATIONAL ID #, if any	<u>. </u>
- ORGANIZATION DEBTOR				Пи
· · · · · · · · · · · · · · · · · · ·	ne debtor name (2a or 2b) - do not abbreviate or com	ibine names		
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
			· ·· ··· —	
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		•	ANIZATIONAL ID #, if any	N
ORGANIZATION DEBTOR		•	ANIZATIONAL ID #, if any	N
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG 3a. ORGANIZATION'S NAME		•	ANIZATIONAL ID #, if any	N
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAYA (NAC COA POA ATION)		•		SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAMA GAS CONPONATION ALABAMA GAS CONPONATION	NOR S/P) - insert only <u>one</u> secured party name (3a or	3b)		
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAMA GYS COMPONATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	NOR S/P) - insert only <u>one</u> secured party name (3a or FIRST NAME	3b)	NAME POSTAL CODE	
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG 3a. ORGANIZATION'S NAME ALABAMA GYS CONPANATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20TH STREET	NOR S/P) - insert only <u>one</u> secured party name (3a or	3b)	NAME	SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAMA GAS CONPONATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20 TH STREET This FINANCING STATEMENT covers the following collateral:	NOR S/P) - insert only <u>one</u> secured party name (3a or FIRST NAME	3b) MIDDLE STATE	NAME POSTAL CODE	SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAMA GAS CONPONATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20TH STREET This FINANCING STATEMENT covers the following collateral: HELL 3 PIECE SYSTEM ONDERSON ME HZA342GKA100 SEE E073010047 TUMALE ME NOMPNIOO FINDI	NOR S/P) - insert only <u>one</u> secured party name (3a or FIRST NAME	3b) MIDDLE STATE	NAME POSTAL CODE	SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG 3a. ORGANIZATION'S NAME ALABAYA CAS CONPONATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20TH STREET This FINANCING STATEMENT covers the following collateral: HELL 3 PIECE SYSTEM ONDERSON ME H2A342GKA100 SEE E073010047	NOR S/P) - insert only <u>one</u> secured party name (3a or FIRST NAME	3b) MIDDLE STATE	NAME POSTAL CODE	SUFFIX
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME ALABAMA GAS CONPONATION B. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20TH STRET This FINANCING STATEMENT covers the following collateral: HELL 3 PIECE SYSTEM ONDERSON ME HZA342GKA100 SHE E073010047 THANKE ME NBMPN 100 F1481 SHE A071946412	NOR S/P) - insert only <u>one</u> secured party name (3a or FIRST NAME	3b) MIDDLE STATE	NAME POSTAL CODE	SUFFIX
ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION) 3a. ORGANIZATION'S NAME ALABAMA CAS CONPONATION 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS # 20 SOUTH 20TH STREET This FINANCING STATEMENT covers the following collateral: HEIL 3 PIECE SYSTEM CONDENSE M# H2A342GKA100 S# E073010047 FULLIAME M# N8MPN100 F1481 S# A071944412 FOIL S## X081453536 M ## EBUZX42FA1	FIRST NAME CITY CITY	3b) MIDDLE STATE	POSTAL CODE 35295	

JCC FINANCING STATE	C FINANCING STATEMENT ADDENDUM				ED/CEN I
OLLOW INSTRUCTIONS (front and ba		TENACNIT			
9a. ORGANIZATION'S NAME	b) ON RELATED FINANCING STA	ATEMENT			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
STAMBA	MICHAEL				
). MISCELLANEOUS:					
		THE	ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or com	bine names		
11a. ORGANIZATION'S NAME					
D					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO		11f. JURISDICTION OF ORGANIZATION	11g. OR(GANIZATIONAL ID #, if a	ny
ORGANIZAT DEBTOR			I NO		
ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 12b)		
12a. ORGANIZATION'S NAME			•	<u> </u>	
TOTAL COMFONT	HEATINGAIN				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
29 2 DXWOOV CIVUE IS	UTE BIL	Howewood	AL	35209	
. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral description:			
collateral, or is filed as a fixture filing] .				
. Description of real estate:					
MEADOWBHOOK 4745	Z TON MAP BOOK 7				
PG.67 40T 14					
 Name and address of a RECORD OWNE (if Debtor does not have a record interest) 					
(II Debior does not have a record interest)					
		17. Check only if applicable and check only	y one box.		
		Debtor is a Trust or Trustee actir	ng with respect to pr	roperty held in trust or	Decedent's Esta
		18. Check only if applicable and check only	•		
		Debtor is a TRANSMITTING UTILITY			
		Filed in connection with a Manufacture	d-Home Transaction	n — effective 30 vears	

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