

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



20080828000344740 1/3 \$35.70
Shelby Cnty Judge of Probate, AL
08/28/2008 11:04:53AM FILED/CERT

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] CLIFF BARGER (205) 226-1401 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 N. 18TH STREET BIRMINGHAM, AL 35291 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

| | | | |
|--|--------------------------------------|---------------------------------|----------------------------------|
| 1a. ORGANIZATION'S NAME | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME BREWER | FIRST NAME JAMES | MIDDLE NAME SUFFIX |
| 1c. MAILING ADDRESS 241 QUAIL RIDGE RD. | | CITY HELENA | STATE AL |
| 1d. TAX ID #: SSN OR EIN | | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION |
| ADD'L INFO RE ORGANIZATION DEBTOR | | 1g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | |
|--|--------------------------------------|---------------------------------|----------------------------------|
| 2a. ORGANIZATION'S NAME | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME BREWER | FIRST NAME ANGIE | MIDDLE NAME SUFFIX |
| 2c. MAILING ADDRESS 241 QUAIL RIDGE RD. | | CITY HELENA | STATE AL |
| 2d. TAX ID #: SSN OR EIN | | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION |
| ADD'L INFO RE ORGANIZATION DEBTOR | | 2g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | |
|---|----------------------------|----------------------|-----------------------|
| 3a. ORGANIZATION'S NAME ALABAMA POWER | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |
| 3c. MAILING ADDRESS 600 N. 18TH STREET | | CITY BIRMINGHAM | STATE AL |
| | | POSTAL CODE 35291 | COUNTRY US |

4. This FINANCING STATEMENT covers the following collateral:

THE FOLLOWING HEAT PUMP, WHICH WAS INSTALLED AT THE RESIDENCE LOCATED ON THE PROPERTY DESCRIBED IN ITEM 14 OF THIS FINANCING STATEMENT:

BRAND: TRANE
M# 4TWB3018A1000AA
S# 7431UKM2F

M# 4TEC 3F18B1000AA
S# 8263KPTIV

\$ 3711-

| | | | | | | |
|---|--|---------------------|--|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]: | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] | | All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> | | | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

3711-

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

NATUCC1 - 5/4/01 C T System Online

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 | |
| BREWER | JAMES | | |

10. MISCELLANEOUS:

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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 | | | | |
| 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 ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
| | | | | <input type="checkbox"/> NONE |

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | | |
|-----------------------------|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| 12c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

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.

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

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