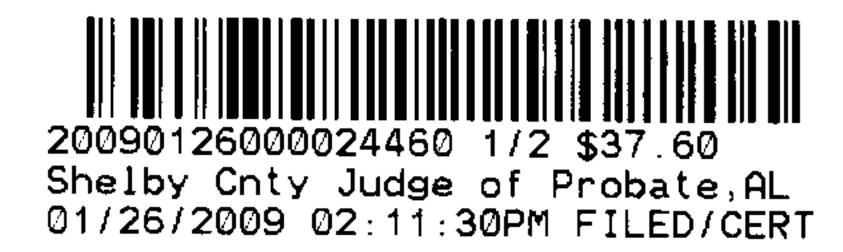
Shelbi
280
96
276



## **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

B'Ham, AL 35295	THE ABOVE	SPACE IS FO	R FILING OFFICE US	SEONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	a or 1b) - do not abbreviate or combine names	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
△P				
16. INDIVIDUAL'S LAST NAME  MURRAY	FIRST NAME	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1301 COLONIAL WAY  1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION	19. ORG/	35007 ANIZATIONAL ID#, if any	U.5A
ORGANIZATION ' DEBTOR		, [		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or com	bine 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. ORG/	ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNO  3a. ORGANIZATION'S NAME  A LABAMA  OR  3b. INDIVIDUAL'S LAST NAME		3b)	NAME	SUFFIX
3c. MAILING ADDRESS  # 20 South 20th STREET	CITY B'WAM	STATE	POSTAL CODE 35 2 45	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:  A MOUNT 11	24-230			
COIL MA CH33.3 5A 6008 H3	36A-2F-2 24433			
GAS FURNACE M# G50UH 5# 59082		640		
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE	SIGNEE/CONSIGNOR BAILEE/BAILOR  AL 7. Check to REQUEST SEARCH REPO	SELLER/BU RT(S) on Debtor( [optional]		NON-UCC FILING Debtor 1 Debtor 2

ICC FINANCING STATEMENT ADDENDUM				
OLLOW INSTRUCTIONS (front and back) CAREFULLY  ON AME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S NAME				
PR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
MURRAY				
MISCELLANEOUS:				
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbrev	· · · · · · · · · · · · · · · · · · ·	E IS FOR FILING OFF	ICE USE ONLY
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGAN	IIZATION 11g. O	RGANIZATIONAL ID #, if a	any NO
ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)		
12a. ORGANIZATION'S NAME  NORRELLA HEATING IND FR	1 /1			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5540 PARKWOOD CIRCLE	BESSEMER	AL	35022	U.5A
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  Description of real estate:	16. Additional collateral descrip	otion:		
Lot 12, according to the Survey				
of Navajo Hills, at Sector, as				
Recorded in Map Book 10, pg 84				
A+B, in the Probate Office of				
Shelby COUNTY, AL. being situated	<b>,</b>			
in Shelby County, AL				
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	•		· •
	Debtor is a Trust or Tolerand	rustee acting with respect to d check <u>only</u> one box.	property held in trust or	Decedent's Estat
	Debtor is a TRANSMITTING		on - offootive 20 ··	
	Filed in connection with a M		·	