| END ACKNOWLEDGMENT TO: (Name and Address) | · | | | | |
|-------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|--------------------------|----------|--|
| ALABAMA POWER COMPANY | | 000233940 1/3 \$4 Inty Judge of Pro | | | |
| ATTN: ROD NOWLIN P O BOX 129 | 06/18/2009 10:40:53 AM FILE | | | | |
| ANNISTON AL 36201 | | | | | |
| | | | | | |
| | | | | | |
| | THE ABOVE | SPACE IS FO | OR FILING OFFICE US | SE ONLY | |
| EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (| 1a or 1b) - do not abbreviate or combine names | | | | |
| 1a. ORGANIZATION'S NAME | | | | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| RIGGEN | DOLLIE | LEW | IS | | |
| AILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTR | |
| SHADOW LN | HARPERSVILLE | AL | 35078 | USA | |
| AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | ANIZATIONAL ID#, if any | | |
| DEBTOR DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on | o debter name (2e er 2h) - de net abbreviate er comi | nino names | | <u> </u> | |
| 2a. ORGANIZATION'S NAME. | e debtor name (2a or 2b) - do not abbreviate or come | ome names | | | |
| | | | | | |
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX | |
| AILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTR | |
| AILING ADDRESS | | SIAIL | , COTAL CODE | | |
| AX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | ANIZATIONAL ID #, if any | | |
| ORGANIZATION ' DEBTOR | | | | | |
| ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN | OR S/P) - insert only one secured party name (3a or | 3b) | | | |
| 3a. ORGANIZATION'S NAME ALABAMA POWER COMPANY | | | | | |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | | SUFFIX | |
| | | | | | |
| AILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| O BOX 129 | ANNISTON | AL | 36201 | USA | |
| is FINANCING STATEMENT covers the following collateral: | | | | • | |
| | | | | | |
| 3.5 TON XL 14 HEATPUMP PACKAGE | | | | | |
| 3.5 TON XL 14 HEATPUMP PACKAGE MODEL# 4WCY4042A1000AA | | | | | |
| | | | | | |

| 5. | ALTERNATIVE DESIGNATION [if applicable]: | LESSEE/LESSO | R CONSIGN | IEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
|----|-------------------------------------------------------------------------|--------------|-------------------------------------|---------------|--------------------------|----------------------|-------------|-------------------|
| 6. | This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | | rded) in the REAL [if applicable | | JEST SEARCH REPO FEEI | RT(S) on Debtor(s) [| All Debtors | Debtor 1 Debtor 2 |
| 8. | OPTIONAL FILER REFERENCE DATA | | | | | | | |

| OLLOW INSTRUCTIONS (front and b | | | | | |
|---------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|
| NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT | | | | | |
| 9a. ORGANIZATION'S NAME | | | | | |
| ₹ | | Lungs Chinis Oues | 111 MI 1 11 MI 11 | 00233940 2/3 \$ 4 | |
| 9b. INDIVIDUAL'S LAST NAME RIGGEN | DOLLIE | MIDDLE NAME, SUFFIX LEWIS | Shelby Cn | ty Judge of Pro 9 10:40:53 AM F | bate, AL |
| . MISCELLANEOUS: | | | | | |
| | | | | | |
| | | | THE ABOVE SPACE | IS FOR FILING OFF | CE USE ONLY |
| 1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME | FULL LEGAL NAME - insert only | one name (11a or 11b) - do not abbreviate or | combine names | | |
| Tra. Ortoral Data Tortoral | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | | F!RST NAME | MIDDLE | NAME | SUFFIX |
| TID. HADIVIDOAL O LAGITIANIL | | | IVIIODEL | | |
| . MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| J. TAX ID #: SSN OR EIN ADD'L INFO | | 1 1f. JURISDICTION OF ORGANIZATI | ON 11g. ORG | I SANIZATIONAL ID #, if a | iny |
| ORGANIZAT DEBTOR | ION [| | . [| | NO |
| . ADDITIONAL SECURED PAR | TY'S or ASSIGNOR S | P'S NAME - insert only <u>one</u> name (12a o | r 12b) | | · · · · · · · · · · · · · · · · · · · |
| 12a. ORGANIZATION'S NAME | | | | | |
| 404 1440 1441 1044 1044 144 | | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | | | | 7 | 001117 |
| . MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| TUI EINIANIONNO OTATENENIT | timber to be suffered by | 46 4 122 4 1 1 4 1 1 1 1 1 1 | • | | |
| . This FINANCING STATEMENT covers | timber to be cut or as-extract | ted 16. Additional collateral description: | | | |
| collateral, or is filed as a fixture filing. Description of real estate: | j. | | | | |
| SEE ATTACHED. | | | | | |
| JLL III IIICIILD. | | | | | |
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| Name and address of a RECORD OWNE | R of above-described real estate | | | | |
| (if Debtor does not have a record interest) | | | | | |
| | | | | | |
| | | 17. Check <u>only</u> if applicable and chec | k only one hoy | | |
| | | Debtor is a Trust or Trustee | • | operty held in trust or | Decedent's Esta |
| | | 18. Check only if applicable and chec | · · · · · · · · · · · · · · · · · · · | Sporty noise in the color | Decement a Late |
| | | Debtor is a TRANSMITTING UTILI | _ | | |
| | | Filed in connection with a Manufa | | effective 30 years | |
| | | | Finance Transaction — ef | _ | |