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Shelby Cnty Judge of Probate, AL  
08/12/2009 12:08:02 PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alagasco

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

2001-28564

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed [for record] (or recorded) in the  
REAL ESTATE RECORDS.

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

**Important: Read Instructions on Back Before Filling out Form.**

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-1050. 1. Return copy or recorded original to:	No. of Additional Sheets Presented: _____ This FINANCING STATEMENT is presented to a Filing Office for filing pursuant to the Uniform Commercial Code.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
<h2 style="font-family: cursive;">Alagasco</h2>		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Inst # 2001-28564              07/10/2001-28564              10:27 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              003 KB .00           </div>
2. Name and Address of Debtor (Last Name First if a Person) <div style="font-family: cursive; font-size: 1.2em;">             Robert Rounds              1417 Royalty Drive              Alabaster, Ala. 35007           </div>		
Social Security/Tax ID # _____ 3. Name and Address of Debtor (if ANY) (Last Name First if a Person)		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional debtors on attached UCC-2		
<div style="font-family: cursive; font-size: 1.2em;">             Aux Mechanical           </div>		<div style="font-family: cursive; font-size: 1.2em;">             Alagasco           </div>
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-2		
4. SECURED PARTY (Last Name First if a Person)		
Social Security/Tax ID # _____		
<div style="font-family: cursive; font-size: 1.2em;">             Aux Mechanical           </div>		<div style="font-family: cursive; font-size: 1.2em;">             Alagasco           </div>
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-2		
5. This Statement refers to a financing statement bearing File No. <u>#1999/33331</u> Filed with <u>Shelby</u> Date Filed <u>Aug</u> 19 <u>99</u>		
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing the number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing the number shown above to the property described in Item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in Item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing the number shown above is amended as set forth in Item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in Item 11 from the financing statement bearing the number shown above.		
11.		<div style="font-family: cursive; font-size: 1.2em;">             500           </div>
11A. Enter Codes from Back of Form That Best Describe The Collateral Covered by This Filing:		
Check if covered: <input type="checkbox"/> Products of Collateral are also covered.		
Signatures of Debtor(s) _____ Signatures of Debtor(s) necessary only if Item 8 is applicable _____ Type Name of Individual or Business _____		
Signatures of Secured Party(ies) _____ Signatures of Secured Party(ies) _____ Type Name of Individual or Business <u>Alagasco</u>		