	356	20100114000013500 1/2 \$31.15 Shelby Cnty Judge of Probate, AL 01/14/2010 01:54:56 PM FILED/CERT			
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 So. 20th Street					
B'ham, A1 35295					
			D EII ING OFFICE NGE	ONI V	
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name		SPACE IS FO	R FILING OFFICE USE	UNLY	
1a. ORGANIZATION'S NAME			- ·	· · · · · · · · · · · · · · · · · · ·	
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX	
Davis	RUTh	1455221	7.		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
624 l'alleyvieur Dr.	Pelhan	AI	35124	USH	
'L'INFO RE 1e. TYPE OF ORGANIZATION SANIZATION TOR	1f. JURISDICTION OF ORGANIZATION	11g. ORGA	ANIZATIONAL ID #, if any	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	ne debtor name (2a or 2b) - do not abbreviate or comb	oine names		INONE	
2a. ORGANIZATION'S NAME		-·····································		,	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
OF TAX ID #. CON OD FINE TADDY INFO DE TOP OF OF OPCANIZATION	OF JUDISDICTION OF ORGANIZATION	2a OBCANIZATIONAL ID # if any			
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	NOR S/P) - insert only <u>one</u> secured party name (3a or	3b)	· · · · · · · · · · · · · · · · · · ·	INONE	
3a. ORGANIZATION'S NAME		·			
OR 3b. INDIVIDUAL'S LAST NAME	IFIRST NAME	FIRST NAME MIDDLE NAME SUFFIX			
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
20 South 20th Street	Birmingham		35295	USH	
4. This FINANCING STATEMENT covers the following collateral:					
Payne 370 n gas packac	je unit				
13 SEER 410A	1: th 90,000 BTU				
MODEL# PY3GNA	036090				
SERIAL# 0309G	50839				

ITEM 5078 (0107)

All Debtors Debtor 1 Debtor 2

NELCO GREEN BAY, WI (920) 337-2826

NON-UCC FILING

AG. LIEN

SELLER/BUYER

BAILEE/BAILOR

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)
[ADDITIONAL FEE] [optional]

CONSIGNEE/CONSIGNOR

5. TERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

7his FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

OLLOW INSTRUCTIONS (front and base). NAME OF FIRST DEBTOR (1a or 1		TATEMENT			
9a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·			
OR			· ·		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX			
Davis	Kuth				
D. MISCELLANEOUS:					
			THE AROVE SPACE	IS FOR FILING OFFIC	F LISE ONLY
ADDITIONAL DEDTODIC EVACE	CLUL LECAL NIANE incomb contract	(44 44b) - de pet obbro		13 FOR FILING OFFIC	L OOL OILL
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAIVIE - Insert only on	e name (11a or 11b) - do not abbre	viate of combine names		<u></u>
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO		11f. JURISDICTION OF ORGA	NIZATION 11g. OF	GANIZATIONAL ID #, if an	y
ORGANIZAT DEBTOR	ION	 			
. ADDITIONAL SECURED PAF	RTY'S or ASSIGNOR S/F	P'S NAME - insert only <u>one</u> name	e (12a or 12b)		
12a. ORGANIZATION'S NAME				<u> </u>	
Service	Tech. Inc				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	. 1 0 1 1	CITY O.	STATE	POSTAL CODE	COUNTRY
441 Unive	ersity Blud	Birmingh	am Hi	05205	USI
3. This FINANCING STATEMENT covers	timber to be cut or as-extracte	d 16. Additional collateral desc	ription:		
collateral, or is filed as a fixture filin	ıg.				
1. Description of real estate:					
	-				
^					
Mapbone 6					
page 2	_				
18 28 B	11/2/1				
TWO DO					
5. Name and address of a RECORD OWNE	ER of above-described real estate				
5. Name and address of a RECORD OWNE (if Debtor does not have a record interest					
		17. Check <u>only</u> if applicable a	and check <u>only</u> one box.		
			and check <u>only</u> one box. Trustee acting with respect to	property held in trust or	Decedent's Es
			Trustee acting with respect to	property held in trust or	Decedent's Es
		Debtor is a Trust or 18. Check only if applicable a	Trustee acting with respect to and check only one box.	property held in trust or	Decedent's E
5. Name and address of a RECORD OWNE (if Debtor does not have a record interest		Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTIN	Trustee acting with respect to and check only one box.		Decedent's E