$\frac{1}{2}$	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	う
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
ALAGASCO	
A/AGASCO #20 South 20 T Sweet	
Birmingham S135295	
	TH
 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviated. ORGANIZATION'S NAME 	e or combine
16. INDIVIDUAL'S LAST NAME 16. INDIVIDUAL'S LAST NAME THE ST NAME T	امرارا
1c. MAILING ADDRESS CITY	

1e. TYPÉ OF ORGANIZATION

2e. TYPE OF ORGANIZATION

.DD'L INFO RE

DRGANIZATION

ADD'L INFO RE

ORGANIZATION

DEBTOR

4. This FINANCING STATEMENT covers the following collateral:

DEBTOR

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S LAST NAME

3a. ORGANIZATION'Ş NAME,

2c. MAILING ADDRESS

3c. MAILING ADDRESS

2d. TAX ID #: SSN OR EIN

20100211000042510 1/2 \$37.45 Shelby Cnty Judge of Probate, AL 02/11/2010 01:33:37 PM FILED/CERT

IE ABOVE SPACE IS FOR FILING OFFICE USE ONLY names SUFFIX MIDDLE NAME COUNTRY POSTAL CODE STATE 35080 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names MIDDLE NAME **SUFFIX** POSTAL CODE STATE COUNTRY 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) AlACAMA GAS CONPORATION
INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX COUNTRY POSTAL CODE Birming LAM FUR NAME MGC28A0900243 MGD 091206 366 Pondensen MSA4BD042KA MSD 090 700 195 C6384-X42C-B C63090906207

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	E/CONSIGNOR	E	BAILEE/BAILOR	SELLER/BUYER		AG. LIEN		NON-U	ICC FILING
This FINANCING STATEMENT is to be filed [ESTATE RECORDS. Attach Addendum		n the REAL [if applicable]	7. Check to REQUIADDITIONAL F		T SEARCH REPORT	(S) on Debtor(s) optional]	Al	Debtors	Del	btor 1	Debtor 2
3. OPTIONAL FILER REFERENCE DATA											

FIRST NAME

CITY

CoiL

02/11/2010 01:33:37 PM FILED/CERT 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 MIDDLE NAME, SUFFIX 9b. INDIVIDUAL'S LAST NAME-FIRST NAME 10. MISCELLANEOUS: THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 **SUFFIX** MIDDLE NAME FIRST NAME 11b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11f. JURISDICTION OF ORGANIZATION 11e. TYPE OF ORGANIZATION ADD'L INFO RE 11d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR ADDITIONAL SECURED PARTY'S ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME COUNTRY POSTAL CODE 12c. MAILING ADDRESS 16. Additional collateral description: timber to be cut or 13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 14. Description of real estate: Lot 23 Suevey of Rocky Ridge Phrs 2 M. B. 27 P. 16 Shelly County 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