

| Janice Ruffin (205) 226-1902  B. SEND ACKROWLEDGMENT TO: (Name and Address)  Alabama Power Company 600 N. 18th Street Birmingham, Alabama 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FO | FINANCING STATEMENT  V INSTRUCTIONS (front and back) CAREFULLY   |   | 20100401000097540 1<br>Shelby Cnty Judge 0                             | /4 \$39.20<br>of Probate, AL      |
|--|--|---|--|-----------------------------------|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Alabama Power Company 600 N. 18th Street Birmingham, Alabama 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  To ORGANIZATION'S NAME  TENTY  ITEL MODIFICATION STAME  LAWFORCE  10, TAX ID 8: SSN OR RIN   ADDIL NRO RE 10 TYPE OF ORGANIZATION   11, JURISDICTION OF ORGANIZATION   12, ORGANIZATIONAL ID 8, If any ORGANIZATION STAME  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or extribute names  2a ORGANIZATION'S NAME  TRIST NAME  ADDIL NRO RE 26 TYPE OF ORGANIZATION   21, JURISDICTION OF ORGANIZATION   22, ORGANIZATIONAL ID 8, If any ORGANIZATION   23, ORGANIZATIONAL ID 8, If any ORGANIZATION   24, ORGANIZATION   25, ORGANIZATIONAL ID 8, If any ORGANIZATIONAL ID 8, If any ORGANIZATION   25, ORGANIZATIONAL ID 8, If any ORGANIZATION   25, ORGANIZATIONAL ID 8, If any ORGANIZATION   25, ORGANIZATIONAL ID 8, If any ORGANIZATION IN AME  ALABAMA POWER  3a. GRANIZATIONS NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  ALABAMA POWER  3a. MINING ADDRESS  GOO N 18TH STREET  ALABAMA POWER  A. THIS FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SU  ALABAMA POWER  A. THIS FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SU  ASSOCIATED POSTAL CODE  ALABAMA POWER  A. THIS FIRST NAME  F |  |   | 04/01/2010 01:29:47  | PM FILED/CERT                     |
| Alabama Power Company 600 N. 18th Street Birmingham, Alabama 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or to)- do not abbreviate or combine names 12. DAGARIZATION'S NAME OR 13. DORGANIZATION'S NAME  INDIVIDUAL'S LAST NAME  LAW PORTAL CODE 14. TAX ID 8: SSN OR EN   ADDIL INFO RE   1s TYPE OF ORGANIZATION   11. JURISDICTION OF ORGANIZATION   12. ORGANIZATIONAL ID 8; if any DESTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)- do not abbreviate or combine names  2a. MAULING ADDRESS  ALL HOVES SHORE IN   ADDIL INFO RE   1s TYPE OF ORGANIZATION   11. JURISDICTION OF ORGANIZATION   12. ORGANIZATIONAL ID 8; if any DESTOR NAME  ABUVENCE  2a. MALING ADDRESS  ALL HOVES SHORE IN   ADDIL INFO RE   2s. TYPE OF ORGANIZATION   2s. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID 8; if any DICKANIZATION'S NAME   POSTAL CODE   ALL ADDITIONS NAME   ALL ADDITIONAL DEBTOR'S NAME   POSTAL CODE   ALL ADDITIONAL DEBTOR'S NAME   ALL ADDITIONAL DEBTOR'S NAME   ALL ADDITIONAL DEBTOR'S NAME   ALL ADDITIONAL DEBTOR'S NAME   POSTAL CODE   ALL ADDITIONAL SLAST NAME   POSTAL CODE   ALL ADDITIONAL S |  |   |  |                                   |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  To ORGANIZATION'S NAME  TO TETRY  TO ORGANIZATION'S NAME  TO ORGANIZATION STATE  TO ORGANIZATION STATE  TO ORGANIZATION STATE  TO ORGANIZATION STATE  TO ORGANIZATION'S NAME  TO ORGANIZATION STATE  TO ORGANIZATION STATE  TO ORGANIZATION'S NAME  TO ORGANIZATION'S NAME  TO ORGANIZATION'S NAME  TO ORGANIZATION STATE  TO |  |   |  |                                   |
| Birmingham, Alabama 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  I. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  TE: ORGANIZATION'S NAME  TETTY  III. MIDDLE NAME  FIRST NAME  FIRST NAME  CITY ALabaster  AL 35007  III. JURISDICTIONOF ORGANIZATION  DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  Za. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  Za. ORGANIZATION'S NAME  PRIST NAME  ALWEDIA DEBTOR  READ - INDIVIDUAL'S LAST NAME  TRIST NAME  FIRST NAME  FIRST NAME  ALWEDIA DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  Za. MALING ADDRESS  ALWEDIA DEBTOR  Za. MALING ADDRESS  ALWEDIA DEBTOR  Za. MALING ADDRESS  ALWEDIA DEBTOR  ALWEDIA DEBTOR  STATE  POSTAL CODE  AL 35007  ALBAMATON  DEBTOR  STATE  FORMAL TONAL TO 9. If any  ORGANIZATIONS NAME  ALABAMA POWER  BIRMINGHAM  AL 35203  CON 18TH STREET  4. This FINANCIA'S STATEMENT Cooper this following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  |  |   |  |                                   |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DRIGANIZATION'S NAME  TO ORGANIZATION'S NAME  TO TOTAL ASSIGNEE TO TOTAL ASSIGNEE OF ASSIGNOR SPP) - insert only one secured party name (3s or 3b)  3. SECURED PARTY'S NAME  ALBAM POWER  BIRMINGHAM  FIRST NAME  FIRST NAME  FIRST NAME  ALBAM POWER  ALBAM POWER  BIRMINGHAM  FIRST NAME  FIRST NAME  ALBAM POWER  ALBAM POWER  BIRMINGHAM  FIRST NAME  FIRST NAME  ALBAM POWER  ALBAM POWER  BIRMINGHAM  ALBAM POWER  ALBAM POWER  ALBAM POWER  BIRMINGHAM  ALBAM POWER  BIRMINGHAM  ALBAM POWER  ALBAM POWER  BIRMINGHAM  BIRMINGHAM  ALBAM POWER  BIRMINGHAM  BIRMINGHAM  ALBAM POWER  BIRMINGHAM  BIR |  |   |  |                                   |
| 10. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names  Terry   MIDDLE NAME   FIRST NAME   Terry   STATE   POSTAL CODE   AL DESTOR   AL DEST | Birmingham, Alabama 33203  |   |  |                                   |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names    To INDIVIDUAL'S LAST NAME   FIRST NAME   FIRST NAME   FIRST NAME   FOSTAL CODE   CONTROL  |  |   |  |                                   |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 1b) - do not abbreviate or combine names   Tarry   |  | _   |  |                                   |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only gas debtor name (1s or 1b) - do not abbreviate or combine names   |  |   |  |                                   |
| TE. ORGANIZATION'S NAME  TO ADDITIONAL PETORS Shoe Circle  ALADATION SEND OF ETION OF ORGANIZATION OF ORGANIZA |  | THE ABO   | VE SPACE IS FOR FILING OF  | FICE USE ONLY                     |
| TETTY MIDDLE NAME SUIT TETTY STATE POSTAL CODE OF ALADOSTET STATE POSTAL CODE OF ALADOSTET SUIT SUBSTITUTION OF THE POSTAL CODE OF ALADOSTET SUIT SUBSTITUTION OF THE POSTAL CODE OF ALADOSTET SUBSTITUTION OF THE POSTAL CODE OF THE POSTAL CODE OF THE POSTAL CODE OF THE POSTAL CODE OF THE POST | TOR'S EXACT FULL LEGAL NAME - insert only one debte  | or name (1a or 1b) - do not abbreviate or combine names   | <u> </u>   |                                   |
| Terry  C. MAILING ADDRESS  1.2   Horseshoe Circle   CITY Alabaster   STATE   POSTAL CODE   AL   35,007   CITY    Id. TAX ID #: SSN OR EIN   ADDI. INFO RE   10, TYPE OF ORGANIZATION   11, JURISDICTION OF ORGANIZATION   19, ORGANIZATIONAL ID #, if any    DEBTOR   DEBTOR S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2b. INDIVIDUAL'S LAST NAME   FIRST NAME   POSTAL CODE   COMPANIZATION   PROPERTY   POSTAL CODE   COMPANIZATION    2c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COMPANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN OR EIN   ADDI. INFO RE   2e. TYPE OF ORGANIZATION    2d. TAX ID #: SSN  | ORGANIZATION'S NAME  |   |  |                                   |
| Terry    Comparison   Compariso | TAKED (ID) LACT MANAGE   | TEIDST NAME   | IMIDDLE NAME   | SUFFIX                            |
| IC. MAILING ADDRESS  12   HOrseshoe Circle   CITY Alabaster   ABDL INFORE   10. TYPE OF ORGANIZATION   11. JURISDICTION OF ORGANIZATION   19. ORGANIZATIONAL ID #, If any ORGANIZATION   19. ORGANIZA |  |   | NIID DEL TOTALE  |                                   |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names   2a ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names   2a ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names   2a ORGANIZATION'S NAME   FIRST NAM   | INC ADDDECC  | CITY  | STATE I POSTAL COI   | DE COUNTRY                        |
| 16. TAX ID #: SSN OR EIN   ADDI.INFORE   16. TYPE OF ORGANIZATION   17. JURISDICTION OF ORGANIZATION   19. ORGANIZATIONAL ID #, if any ORGANIZATIONS NAME   28. ORGANIZATIONS NAME   FIRST NAME   FIRST NAME   FIRST NAME   SU   35. ORGANIZATION   29. ORGANIZATION   29. ORGANIZATION   29. ORGANIZATION   29. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any ORGANIZATION   29. ORGANIZATION   29. ORGANIZATION   29. ORGANIZATION   29. ORGANIZAT   | 21 Honer shop Circle   | Alabatter   |  |                                   |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  DR 2b. INDIVIDUAL'S LAST NAME  CC. MAILING ADDRESS  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN   ADDI: NPO RE   2a TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #: if any ORGANIZATION   DEBTOR   35. ORGANIZATION   2g. ORGANIZAT |  |   | 1a. ORGANIZATIONAL   | ID #, if any                      |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   ORGANIZATION   DEBTOR    3. SECURED PARTY'S NAME   ORGANIZATION'S NAME    ALABAMA POWER  ALABAMA POWER  3c. MAILING ADDRESS   ORGANIZATION   ORG | ORGANIZATION   | 1 11. OUT TO TO TO THE TIME TO  | į · g. · · · · · · · · · · · · · · · · ·                               |                                   |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  LAWYENCE  2c. MAILING ADDRESS  12J HOYSE Shoe Circle  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   26. TYPE OF ORGANIZATION   DEBTOR   DEBTOR |  |   | acmbine names  | N N                               |
| OR 2D. INDIVIDUAL'S LAST NAME LAWYENCE  2c. MAILING ADDRESS LOTY HOrse shoe Circle  2d. TAX ID #: SSN OR EIN OR EIN ORGANIZATION OF ORGANIZATI |  | ert only one debtor name (2a or 2b) - do not abbreviate or t  | combine names  |                                   |
| Ze. MAILLING ADDRESS    21   |  | •   |  |                                   |
| 2c. MAILING ADDRESS  121 HOrse Shoe Circle  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #. if any ORGANIZATIONAL ID #. if any ORGANIZATION   2g. ORGA | INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDDLE NAME  | SUFFIX                            |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION DEBTOR 2g. ORGANIZATION 2g. ORGANIZATION DEBTOR 2g. ORGANIZATION 2g. ORGANIZATION DEBTOR 2g. ORGANIZATION | Laurence   | Kena  |  |                                   |
| 2d. TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGAN |  | CITY  | 1000-  |                                   |
| 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATION   | INC ADDRESS  |   |  |                                   |
| 33. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  ALABAMA POWER  OR  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SU  3c. MAILING ADDRESS  600 N 18TH STREET  GOVERNAME  4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | INC ADDRESS  | Alabaster   | ML 351   | $\alpha$                          |
| 3a. ORGANIZATION'S NAME ALABAMA POWER  3b. INDIVIDUAL'S LAST NAME  GC. MAILING ADDRESS  GOON 18TH STREET  4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | ING ADDRESS  21 HOrseshoe Circle  ID#: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANI   | Alabaster   |  |                                   |
| 3a. ORGANIZATION'S NAME ALABAMA POWER  3b. INDIVIDUAL'S LAST NAME  SC. MAILING ADDRESS  600 N 18TH STREET  4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:   | ING ADDRESS  LING ADDRESS  LING ADDRESS  LING ADDRESS  ADD'L INFO RE 2e. TYPE OF ORGANI ORGANIZATION   | Alabaster   |  | ID #, if any                      |
| 3b. INDIVIDUAL'S LAST NAME  3c. MAILING ADDRESS  600 N 18TH STREET  4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | ING ADDRESS  U HOrseshoe Circle  ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  | Alabaster IIZATION 2f. JURISDICTION OF ORGANIZATION   | 2g. ORGANIZATIONAL   | ID #, if any                      |
| 3c. MAILING ADDRESS  600 N 18TH STREET  4. This Financing statement:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | LING ADDRESS  LID#: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANICATION   DEBTOR    CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of   | Alabaster IIZATION 2f. JURISDICTION OF ORGANIZATION   | 2g. ORGANIZATIONAL   | ID #, if any                      |
| 600 N 18TH STREET  BIRMINGHAM  AL 35203  U  4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | ING ADDRESS  UH: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  ORGANIZATION'S NAME (or NAME of TOTAL ASSIGNEE of ORGANIZATION'S NAME  | Alabaster IIZATION 2f. JURISDICTION OF ORGANIZATION   | 2g. ORGANIZATIONAL   | ID #, if any                      |
| 600 N 18TH STREET  HIRMINGHAM  AL  35203  U  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:   | LING ADDRESS  OF THE SEN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  ORGANIZATION'S NAME  LABAMA POWER  | Alabaster  IZATION 2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3)                      | 2g. ORGANIZATIONAL<br>Ba or 3b)  | ID #, if any                      |
| 4. This FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | LING ADDRESS  OF THE SEN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  ORGANIZATION'S NAME  LABAMA POWER  | Alabaster  IZATION 2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3)                      | 2g. ORGANIZATIONAL Ba or 3b) MIDDLE NAME                               | ID #, if any                      |
| The following Heat Pump was installed at the residence located on the property described in Item #14 of this financing statement:  | UHED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ORGANIZATION) DEBTOR  URBAMA POWER INDIVIDUAL'S LAST NAME  | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY             | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI           | ID#, if any SUFFIX DE COUNTRY     |
| statement:   | UHED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ORGANIZATION) DEBTOR  URBAMA POWER INDIVIDUAL'S LAST NAME  | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY             | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI           | ID #, if any                      |
| statement:   | THE STREET   | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY             | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI           | ID#, if any SUFFIX DE COUNTRY     |
|  | ADD'L INFO RE ORGANIZATION DEBTOR  CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ORGANIZATION'S NAME ALABAMA POWER  INDIVIDUAL'S LAST NAME  LING ADDRESS  N 18TH STREET  FINANCING STATEMENT covers the following collateral:   | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY  BIRMINGHAM | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI  AL 35203 | ID#, if any SUFFIX  DE COUNTRY US |
|  | TID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ORGANIZATION'S NAME ALABAMA POWER  INDIVIDUAL'S LAST NAME  LING ADDRESS  N 18TH STREET  FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY  BIRMINGHAM | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI  AL 35203 | SUFFIX  DE COUNTRY US             |
| Brand: Utmerican Sta.  | THE STREET  FINANCING STATEMENT COVERS THE FOllowing Heat Pump was installed at the statement:   | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY  BIRMINGHAM | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI  AL 35203 | SUFFIX DE COUNTRY US              |
| Model: 4A6H5030E1000AB Model: 4TEE3F39A1000AA  | TID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ORGANIZATION'S NAME ALABAMA POWER  INDIVIDUAL'S LAST NAME  LING ADDRESS  N 18TH STREET  FINANCING STATEMENT covers the following collateral:  The following Heat Pump was installed at the | Alabaster  2f. JURISDICTION OF ORGANIZATION  of ASSIGNOR S/P) - insert only one secured party name (3  FIRST NAME  CITY  BIRMINGHAM | 2g. ORGANIZATIONAL  Ba or 3b)  MIDDLE NAME  STATE POSTAL COI  AL 35203 | SUFFIX  DE COUNTRY US             |

\$4798.00

| 5. ALTERNATIVE DESIGNATION [if applicable]:                                   |                          | CONSIGNEE/CONSIGNOR  | BAILEE/BAILOR             | SELLER/BUYER                  | AG. LI     | EN NON     | I-UCC FILING |
|---|--------------------------|--|---------------------------|-------------------------------|------------|------------|--------------|
| 6. This FINANCING STATEMENT is to be filed [1 ESTATE RECORDS. Attach Addendum | or record] (or recorded) | in the REAL 7. Check to REC<br>(if applicable) [ADDITIONAL | QUEST SEARCH REPO<br>FEE] | RT(S) on Debtor(s) [optional] | All Debtor | s Debtor 1 | Debtor 2     |
| 8. OPTIONAL FILER REFERENCE DATA  |                          |  |                           |                               |            | •          |              |

Serial: 100640NA2F Serial: 10084H231V

| CC FINANCING STATEMENT ADDENDUM  OLLOW INSTRUCTIONS (front and back) CAREFULLY |                               |                                |  | 20100401000097540 2/4 \$39.20<br>Shelby Cnty Judge of Probate, AL |                           |               |  |
|--|-------------------------------|--------------------------------|--|---|---------------------------|---------------|--|
|  |                               | ON RELATED FINANCING ST        | ATEMENT  |   | 2010 01:29:47 PM          |               |  |
| 9a. ORGANIZATION'S NA  | ME                            |                                |  |   |                           |               |  |
| )R   | A B 4                         | CIDOT NAME                     | MIDDLE NAME, SUFFIX                                |   |                           |               |  |
| 96. INDIVIDUAL'S LAST N  | _                             | FIRST NAME                     |  |   |                           |               |  |
|  |                               | 10114                          |  |   |                           |               |  |
| 0. MISCELLANEOUS:  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
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|  |                               |                                |  |   | IS FOR FILING OFFI        | CE USE UNLT   |  |
| 11. ADDITIONAL DEBTO<br>11a. ORGANIZATION'S NA                                 |                               | L LEGAL NAME - insert only one | name (11a or 11b) - do not abbreviate or cor       | mbine names   |                           |               |  |
|  | ••••                          |                                |  |   |                           |               |  |
| OR 11b. INDIVIDUAL'S LAST  | NAME                          |                                | FIRST NAME   | MIDDLE  | NAME                      | SUFFIX        |  |
|  |                               |                                |  |   |                           |               |  |
| 1c. MAILING ADDRESS  |                               |                                | CITY   | STATE   | POSTAL CODE               | COUNTRY       |  |
|  |                               |                                |  |   |                           |               |  |
| 1d. TAX ID #: SSN OR EIN   | ADD'L INFO RE<br>ORGANIZATION | 11e. TYPE OF ORGANIZATION      | 11f. JURISDICTION OF ORGANIZATION                  | 1 11g. OR   | GANIZATIONAL ID #, if a   | ny            |  |
|  | DEBTOR                        | <u> </u>                       |  |   | ::_ <del></del> .         | N             |  |
| 2. ADDITIONAL SEC  | <u>-</u>                      | "S or ASSIGNOR S/P             | S NAME - insert only <u>one</u> name (12a or 12    | 2b)   | <u></u>                   |               |  |
| 12a. ORGANIZATION'S N  | AME                           |                                |  |   |                           |               |  |
| DR 12b. INDIVIDUAL'S LAST  | NAME                          |                                | FIRST NAME   | MIDDLE  | NAME                      | SUFFIX        |  |
|  |                               |                                |  |   |                           |               |  |
| 12c. MAILING ADDRESS   |                               |                                | CITY   | STATE   | POSTAL CODE               | COUNTRY       |  |
|  |                               |                                |  |   |                           |               |  |
| 13. This FINANCING STATEM  |                               | mber to be cut or as-extracted | 16. Additional collateral description:             |   |                           |               |  |
| collateral, or is filed as a 14. Description of real estate:                   | fixture filing.               |                                |  |   |                           |               |  |
|  |                               | DIDED ON THE                   |  |   |                           |               |  |
| THE REAL PROPI   |                               | RIBED ON THE                   |  |   |                           |               |  |
| ATTACHED DEEL  | J:                            |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
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|  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
|  |                               |                                |  |   |                           |               |  |
| <ol> <li>Name and address of a RI<br/>(if Debtor does not have a</li> </ol>    |                               | f above-described real estate  |  |   |                           |               |  |
| ( 2000 TOURS A   |                               |                                |  |   |                           |               |  |
|  |                               |                                | 4 700 -  |   |                           |               |  |
|  |                               |                                | 17. Check <u>only</u> if applicable and check only |   |                           | <b></b>       |  |
|  |                               |                                |  |   | property held in trust or | Decedent's Es |  |
|  |                               |                                | 18. Check only if applicable and check of          | only one box.   |                           |               |  |

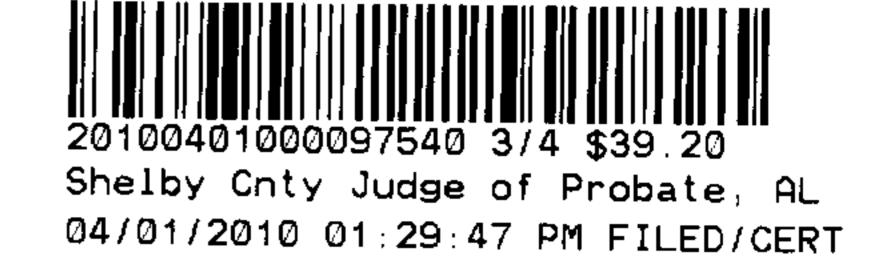
Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

THIS INSTRUMENT PREPARED BY: R. Timothy Estes, Esq. Estes, Sanders & Williams, LLC 3800 Colonnade Parkway, Suite 330 Birmingham, Alabama 35243

SEND TAX NOTICE TO: Terry Lawrence 121 Horseshoe Circle Alabaster, Alabama 35007



## WARRANTY DEED Joint Tenants With Right of Survivorship

Shelby Cnty Judge of Probate, AL 12/28/2006 11:14:59AM FILED/CERT

| STATE OF ALABAMA | } | KNOW ALL MEN BY THESE PRESENTS: |
|------------------|---|---------------------------------|
| COUNTY OF SHELBY | } |                                 |

That in consideration of One Hundred Sixty-five Thousand and 00/100 Dollars (\$165,000.00) and other good and valuable consideration paid in hand by the GRANTEES herein to the undersigned GRANTOR, the receipt whereof is acknowledged,

Eric Pickett and Christy Pickett, Husband and wife

(herein referred to as GRANTOR, whether one or more) do, grant, bargain, sell and convey unto

Terry Lawrence and Rena Lawrence

(herein referred to as GRANTEE, whether one or more), the following described real estate situated in Shelby County, Alabama, to-wit:

See Legal Description attached hereto as "Exhibit A".

Mineral and mining rights excepted. Subject to current taxes, easements and restrictions of record.

\$165,000.00 of the consideration was paid from a mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD Unto the said GRANTEES as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEES, their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, we have set our hands and seals, this the 22<sup>nd</sup> day of December, 2006.

ERIC PICKETI

STATE OF ALABAMA

COUNTY OF JEFFERSON

, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Eric Pickett and Christy Pickett, whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this

day, that, being informed of the contents of the conveyance he/she/they executed the same voluntarily on the day the same bears date. Given under my hand and official seal this 22<sup>nd</sup> day of December, 2006.

TIMOTHY ESTES - Notary Public My Commission Expires: July 07, 2007

## EXHIBIT "A" - Legal Description

20100401000097540 4/4 \$39 20

Shelby Cnty Judge of Probate, AL 04/01/2010 01:29:47 PM FILED/CERT

Lot 405, According to the survey of final plat State Coach Trace sector 4, as recorded in map book 30, page 45, in the probate office of Shelby County, Alabama.

20061228000632400 2/2 \$15.00 Shelby Cnty Judge of Probate, AL 12/28/2006 11:14:59AM FILED/CERT