She		20100430000132630 1/2 \$35.35 Shelby Cnty Judge of Probate, AL 04/30/2010 10:09:29 AM FILED/CERT			
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	3.35.35				
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Alagaseo ZOTIT SH					
Bernengson AL		E SPACE IS FOR FILING OFFICE USE	ONLY		
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a one	or 1b) - do not abbreviate or combine names				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS 1d. SEE INSTRUCTIONS ADD'L INTO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	STATE, POSTAL CODE 3500 1g. ORGANIZATIONAL ID #, if any	COUNTRY		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME	ebtor name (2a or 2b) - do not abbreviate or com	bine names	NONE		
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S 3a. ORGANIZATION'S NAME ALAGAS CO	S/P) - insert only <u>one</u> secured party name (3a or	3b)			
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS ZOTH-87	CITYBRUNGHAM	STATE POSTAL CODE 12 3-2 5-1	COUNTRY		
4. This FINANCING STATEMENT covers the following collateral:	Ace Ama	ce 5 Tow			

© 4854

5. AL T	ERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE	/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER		AG. LIEN		NON-U	CC FILING
7	This FINANCING STATEMENT is to be filed STATE RECORDS. Attach Addendum	[for record] (or recorded)) in the REAL [if applicable]	7. Check to REQI [ADDITIONAL	JEST SEARCH REPOR	RT(S) on Debtor(s) [optional]	Α	II Debtors	Del	otor 1	Debtor 2
3. OP	IONAL FILER REFERENCE DATA										

Shelby Cnty Judge of Probate, AL 04/30/2010 10:09:29 AM FILED/CERT

OLLOW INSTRUCTIONS (front and base). NAME OF FIRST DEBTOR (1a or 1		TATEMENT		
9a. ORGANIZATION'S NAME	<u></u>	· · · · · · · · · · · · · · · · · · ·		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
. MISCELLANEOUS:				
. ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL NAME - insert only one		THE ABOVE SPACE IS FOR FILING OFFICE r combine names	E USE ONLY
TO THE STATE OF TH				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR FIN ADD'L INFO I ORGANIZATI DEBTOR		11f. JURISDICTION OF ORGANIZATI	ION 11g. ORGANIZATIONAL ID #, if any	,
. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P	'S NAME - insert only <u>one</u> name (12a c	or 12b)	
12a. ORGANIZATION'S NAME		- Post		
? 	reeson ME		TAIDDLE NAME	CHEELV
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	74-54-WA	CITY Bessener	STATE POSTAL CODE 12 3 5 2 4	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing	timber to be cut or as-extracted			
1. Description of real estate:				
# 47, according				
wiry of king	WOOD, 15th			
ddittion, as re	conduct in May	>		
ookb, page 90. in	The Probate			
skie of shelpy	10,AL			
5. Name and address of a RECORD OWNER (if Debtor does not have a record interest):				
		17. Check only if applicable and check Debtor is a Trust or Trustee		Decedent's Est
		18. Check only if applicable and check		Decedent's ESt
		Debtor is a TRANSMITTING UTIL		
			actured-Home Transaction — effective 30 years	
		The second secon		