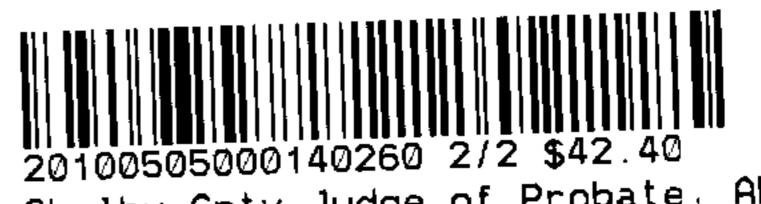
		Sulf		Shelby	000140260 1/2 \$ Inty Judge of Pr	obate, AL
	NG STATEMENT ONS (front and back) CARE	FULLY	19.			
A. NAME & PHONE O	F CONTACT AT FILER [option	nal)				
B. SEND ACKNOWLE	DGMENT TO: (Name and A	\ddress)				
Α	labama Gas C	Corporation	1			
	0 South 20th	_				
В	irmingham, A	labama 352	295			
!						
<b></b>			THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
1. DEBTOR'S EXAC	FULL LEGAL NAME - insert	only <u>one</u> debtor name (1a or	r 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S	SNAME					
OR 16. INDIVIDUAL'S LA	ST NAME		FIRST NAME	MIDDLE	JARJE	SUFFIX
Mars				**************************************	· ·	SUPPIX
1c. MAILING ADDRESS	<u>llall</u>		William	STATE	POSTAL CODE	COUNTRY
	•	_				İ
31 Sout	h Forty Road		Alabaster	I ΔT.	35237	ITCA
31 Sout	h Forty Road		Alabaster  11. JURISDICTION OF ORGANIZATION	AI. 1g. ORGA	NIZATIONAL ID #, if any	USA
31 Sout				AI. 1g. ORG/	<u> </u>	
2. ADDITIONAL UEB I	ADD'L INFO RE 16. TYPE RGANIZATION EBTOR  UN S EXACT FULL LEGAL	E OF ORGANIZATION		<u> </u>	<u> </u>	
	ADD'L INFO RE 16. TYPE RGANIZATION EBTOR  UN S EXACT FULL LEGAL	E OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	<u> </u>	<u> </u>	
2. ADDITIONAL UEB :	ADD'L INFO RE 1e. TYPE RGANIZATION EBTOR  UN S EXACT FULL LEGAL NAME	E OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	<u> </u>	NIZATIONAL ID #, if any	USA NON
2. ADDITIONAL UEB :	ADD'L INFO RE 1e. TYPE RGANIZATION EBTOR  UN S EXACT FULL LEGAL NAME	E OF ORGANIZATION	If. JURISDICTION OF ORGANIZATION  btor name (2a or 2b) - do not abbreviate or comb	bine names	NIZATIONAL ID #, if any	NO
2a. ORGANIZATION'S  2b. INDIVIDUAL'S LA	ADD'L INFO RE 1e. TYPE RGANIZATION EBTOR  UN S EXACT FULL LEGAL NAME	E OF ORGANIZATION	If. JURISDICTION OF ORGANIZATION  btor name (2a or 2b) - do not abbreviate or comb	bine names	NIZATIONAL ID #, if any	NON
2a. ORGANIZATION'S  2b. INDIVIDUAL'S LA	RGANIZATION EBTOR  UN S EXACT FULL LEGAL S NAME	NAME - insert only one del	btor name (2a or 2b) - do not abbreviate or com	bine names	NIZATIONAL ID #, if any	SUFFIX
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2a. ORGANIZATION'S  OR  2b. INDIVIDUAL'S LA  2c. MAILING ADDRESS	ADD'L INFO RE 10. TYPE RESTOR  UN SEXACT FULL LEGAL  SNAME  ADD'L INFO RE 20. TYPE ORGANIZATION DEBTOR	NAME - insert only one del	tor name (2a or 2b) - do not abbreviate or comb	MIDDLE I STATE  2g. ORGA	NAME POSTAL CODE	SUFFIX
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2a. ORGANIZATION'S  2b. INDIVIDUAL'S LA  3c. MAILING ADDRESS  3a. ORGANIZATION'S  A	ADD'L INFO RE RESTOR  OR S EXACT FULL LEGAL  NAME  ADD'L INFO RE 20. TYPE ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL  NAME	E OF ORGANIZATION  E OF ORGANIZATION  ASSIGNEE of ASSIGNOR S	btor name (2a or 2b) - do not abbreviate or com  FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  S/P) - insert only one secured party name (3a or	MIDDLE I STATE  2g. ORGA	NAME POSTAL CODE	SUFFIX
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22. ORGANIZATION'S  22. ORGANIZATION'S  23. SECURED PART  34. ORGANIZATION'S  OR  36. INDIVIDUAL'S LA  36. INDIVIDUAL'S LA  36. INDIVIDUAL'S LA  36. MAILING ADDRESS  20 Sout:	ADD'L INFO RE RESTOR  OR S EXACT FULL LEGAL  S NAME  ADD'L INFO RE 26. TYPE ORGANIZATION DEBTOR  Y'S NAME (OF NAME OF TOTAL S NAME  Labama Gas C ST NAME	EOFORGANIZATION  EOFORGANIZATION  ASSIGNEE of ASSIGNORS  Orporation	If. JURISDICTION OF ORGANIZATION  btor name (2a or 2b) - do not abbreviate or comb  FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  S/P) - insert only one secured party name (3e or	MIDDLE I  STATE  2g. ORGA  3b)	NAME  NAME  NAME	SUFFIX
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2a. ORGANIZATION'S  2a. ORGANIZATION'S  2b. INDIVIDUAL'S LA  3c. MAILING ADDRESS  2 ORGANIZATION'S  A  3b. INDIVIDUAL'S LA  4c. MAILING ADDRESS  2 O Sout  4. This Financing State  Americal	ADD'L INFO RE RESTOR  UK S EXACT FULL LEGAL  S NAME  ST NAME  ADD'L INFO RE 20. TYPE ORGANIZATION DEBTOR  Y'S NAME (or NAME or TOTAL S NAME  Labama Gas C ST NAME  A 20th Stree  EMENT covers the following collate O Standard E	EOFORGANIZATION  NAME-insert only one del  ASSIGNEE of ASSIGNOR'S  Orporation  toleral:  quipment	1f. JURISDICTION OF ORGANIZATION	MIDDLE I  STATE  STATE	NAME  POSTAL CODE  NAME  POSTAL CODE	SUFFIX  SUFFIX  COUNTRY
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22. ADDITIONAL DED I  22. ORGANIZATION'S  OR 25. INDIVIDUAL'S LA  32. MAILING ADDRESS  OR 36. INDIVIDUAL'S LA  36. MAILING ADDRESS  20 Sout  4. This Financing State  AUD2B060 4A7B3024	ADD'L INFO RE 10. TYPE REANIZATION EBTOR  UK S EXACT FULL LEGAL SNAME  ST NAME  ADD'L INFO RE 20. TYPE ORGANIZATION DEBTOR  Y'S NAME (or NAME of TOTAL SNAME  Labama Gas C ST NAME  A 20th Stree  EMENT covers the following collate of Standard E DA9 V3 VA 4A1000B	NAME - insert only one del  E OF ORGANIZATION  ASSIGNEE of ASSIGNOR'S  Orporation  toleral: quipment 10043V 9503PH	If. JURISDICTION OF ORGANIZATION  btor name (2a or 2b) - do not abbreviate or comb  FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  BYP) - insert only one secured party name (3a or Birmingham  FJ7G  13F	MIDDLE I  STATE  STATE	NAME  POSTAL CODE  NAME  POSTAL CODE	SUFFIX  SUFFIX  COUNTRY
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5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR C	ONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	REAL 7. Check to REQUEST SEARCH REPORT		Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			



## Shelby Cnty Judge of Probate, AL 05/05/2010 01:57:56 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 OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX William Marshall 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 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11d. TAX ID #: SSN OR EIN 11e. TYPE OF ORGANIZATION ADD'L INFO RE 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE ADDITIONAL SECURED PARTY'S or X ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME Western Sales & Services Inc. 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 1533 Warrior Road 35218 Birmingham USA AL13. This FINANCING STATEMENT covers | timber to be cut or | as-extracted 16. Additional collateral description: collateral, or is filed as a 🙀 fixture filing. 14. Description of real estate: Parcel ID# 224-180-000-002-032 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.

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

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

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