	36.00		
CC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagasco #20 South 20th S Birmingham, A1.35	+Kest  2010063000 Shelby Cnt 06/30/2010	00208450 1/2 \$31.75 ty Judge of Probate, AL 0 12:29:31 PM FILED/CERT	
		SPACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name			····
1a. ORGANIZATION'S NAME			
R 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS 134 Stone Rd	CITY Pelham	STATE POSTAL CODE  4 35124	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	Пио
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (2a or 2b) - do not abbreviate or com	bine names	
2a. ORGANIZATION'S NAME			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME)	GNOR S/P) - insert only <u>one</u> secured party name (3a or	3b)	
Alabama Gas Corporation			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
# 20 South 20th. St.	Birmingham	STATE POSTAL CODE  H1. 35295	COUNTRY
This EINIANGING OTATEMENT covers the following colletors:	n 1 m. 1/4	110 7520511151	
1 YOKK 2.5 TON 5N: WOE 984	Condenser Model# 7561	1 0 0 R 1 2 m P 1	
1 YOKK 3 TON F 5N: WICOG	urnace Model# TM	SXOSODIZ	
1 YOKK 3,5 TON	Coil Soil		
ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FIL

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and b						
9. NAME OF FIRST DEBTOR (1a or 9a. ORGANIZATION'S NAME		ATEMENT				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX				
MILL	Larry					
10. MISCELLANEOUS:			201006300 Shelby Co 06/30/20	000209 nty Ju	8450 2/2 \$31.75 udge of Probate, A :29:31 PM FILED/CE	K I
11. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	iate or combine names			
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	M	IIDDLE I	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	S	TATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORGAN	NIZATION 1	1g. ORG	SANIZATIONAL ID #, if any	NONE
12. ADDITIONAL SECURED PAI  12a. ORGANIZATION'S NAME		S NAME - insert only <u>one</u> name	(12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME	Jech, Inc	FIRST NAME	M	IIDDLE I	NAME	SUFFIX
12c. MAILING ADDRESS 441 Uni	versity Blrd	CITY B'ham	i	TATE	POSTAL CODE 35205	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing fixture filing fixture filling	ig.	16. Additional collateral descrip	ption:			
recorded in	25 Shelly Country R of above-described real estate					
		17. Check only if applicable and Debtor is a Trust or Tourist or Tourist applicable and Tourist or	rustee acting with respond d check <u>only</u> one box.	ect to pr	operty 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