



20100804000249090 1/2 \$34.25  
Shelby Cnty Judge of Probate, AL  
08/04/2010 01:07:46 PM FILED/CERT

Shelby  
29.00  
5.25  
34.25

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Alagasco  
#20 South 20th Street  
Birmingham, Al 35295

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

|                         |                                   |                          |                                  |                                                               |
|-------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------------------------------------|
| 1a. ORGANIZATION'S NAME |                                   |                          |                                  |                                                               |
| OR                      | 1b. INDIVIDUAL'S LAST NAME        | FIRST NAME               | MIDDLE NAME                      | SUFFIX                                                        |
|                         | Sadberry                          | Kyle                     |                                  |                                                               |
| 1c. MAILING ADDRESS     | CITY                              | STATE                    | POSTAL CODE                      | COUNTRY                                                       |
| 103 Stonehaven Dr.      | Pelham                            | Al                       | 35124                            |                                                               |
| 1d. SEE INSTRUCTIONS    | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

2. 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 |                                   |                          |                                  |                                                               |
| 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 ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |

3. 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 |                            |            |             |         |
| OR                      | 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX  |
|                         | Alabama Gas Corporation    |            |             |         |
| 3c. MAILING ADDRESS     | CITY                       | STATE      | POSTAL CODE | COUNTRY |
| #20 South 20th Street   | Birmingham                 | Al         | 35295       |         |

4. This FINANCING STATEMENT covers the following collateral:

Gas Furnace  
M# KG7SA054C-23A  
S# KGD100702947

PRICE- \$3497.00

|                                                                                                                                                                       |                                                                               |                                              |                                        |                                       |                                   |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                                                                                                           | <input type="checkbox"/> LESSEE/LESSOR                                        | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] |                                              | <input type="checkbox"/> All Debtors   | <input type="checkbox"/> Debtor 1     | <input type="checkbox"/> Debtor 2 |                                         |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |                                                                               |                                              |                                        |                                       |                                   |                                         |



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## UCC FINANCING STATEMENT ADDENDUM

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### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|    |                            |            |                     |
|----|----------------------------|------------|---------------------|
| OR | 9a. ORGANIZATION'S NAME    |            |                     |
|    |                            |            |                     |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
|    | Sadberry                   | Kyle       |                     |

### 10. MISCELLANEOUS:

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                              |                                   |                           |                                   |                                  |
|------------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| OR                           | 11a. ORGANIZATION'S NAME          |                           |                                   |                                  |
|                              |                                   |                           |                                   |                                  |
| OR                           | 11b. INDIVIDUAL'S LAST NAME       | FIRST NAME                | MIDDLE NAME                       | SUFFIX                           |
|                              |                                   |                           |                                   |                                  |
| 11c. MAILING ADDRESS         |                                   | CITY                      | STATE                             | POSTAL CODE                      |
|                              |                                   |                           |                                   |                                  |
| 11d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
|                              |                                   |                           |                                   | <input type="checkbox"/> NONE    |

### 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                              |                               |            |             |             |
|------------------------------|-------------------------------|------------|-------------|-------------|
| OR                           | 12a. ORGANIZATION'S NAME      |            |             |             |
|                              | Total Comfort Heating and Air |            |             |             |
| OR                           | 12b. INDIVIDUAL'S LAST NAME   | FIRST NAME | MIDDLE NAME | SUFFIX      |
|                              |                               |            |             |             |
| 12c. MAILING ADDRESS         |                               | CITY       | STATE       | POSTAL CODE |
| 225 Oxmoor Circle, Suite 811 |                               | Birmingham | Al          | 35209       |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

**STONEHAVEN THE COTTAGES  
AT RESURVEY LOTS 20-23**

**MAP BOOK/MAP PAGE 22/13  
Parcel Id-13 6 23 1 006 023.000**

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

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  
☐ Filed in connection with a Public-Finance Transaction