CC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY INDICATE A PHONE OF CONTACT AT FILER [optional]	her 600	Shelby	23000270240 1/2 \$ Cnty Judge of Pr 2010 03:02:28 PM	obate, AL	
Alagasco #20 South 20th Street Birmingham, Al 35295					
	THE AF	OVE SDACE IS EC	R FILING OFFICE US	SE ONI V	
DEBTOR'S EXACTFULL LEGAL NAME-insert only one deb		OVE SPACE IS FU	R FILING OFFICE O	DE UNL Y	
1a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		
R 1b. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
Yerrid	David	14110000			
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
04 Stonecroft Circle	Helena	Al	35080		
SEEINSTRUCTIONS ADD'L INFO RE 1e. TYPE OF OR ORGANIZATION	GANIZATION 1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any		
ADDITIONAL DERTOR'S EVACE FULL LEGAL MANAGE			-	NO	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME 2a. ORGANIZATION'S NAME	- insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate o	r combine names			
۲ <u></u>					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS	CITY	STATE	STATE POSTAL CODE		
			I COTAL CODE	COUNTRY	
SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF OR ORGANIZATION DEBTOR	GANIZATION 2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if any	NO	
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					
Alagasco 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
20 South 20th Street	Birmingham	Al	35295		

5. ALTERNATIVE DESIGNATION [if applicable]:			E/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON	N-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	_ ,	in the REAL [if applicable]	7. Check to REQ	UEST SEARCH REPO	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA								

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CC FINANCING ST	08/23	3120	10 05.02.20				
NAME OF FIRST DEBTOR	(1a or 1b) ON RELATED FINANCING STA	ATEMENT					
9a. ORGANIZATION'S NAME		. , , , , , , , , , , , , , , , , , , ,					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE MAME CHECK					
Yerrid	David	MIDDLE NAME, SUFFIX					
. MISCELLANEOUS:	Daviu						
			THE ABOVE SP	ACE	IS FOR FILING OFFI	CE USE ONLY	
	EXACT FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbrev	iate or combine names				
11a. ORGANIZATION'S NAME							
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	Міг	ODI FI	NAME	SUFFIX	
. MAILING ADDRESS		CITY	STA	ATE	POSTAL CODE	COUNTRY	
	D'L INFO RE 11e. TYPE OF ORGANIZATION SANIZATION	11f. JURISDICTION OF ORGA	NIZATION 11g	J. ORC	SANIZATIONAL ID #, if a	ny	
	STOR	<u> </u>		N ⁴			
. ADDITIONAL SECURE 12a. ORGANIZATION'S NAME	ED PARTY'S or ASSIGNOR S/P'S	S NAME - insert only <u>one</u> name	(12a or 12b)				
	tima O. Aim						
Total Comfort Heat		FIRST NAME	· · · · · · · · · · · · · · · · · · ·	N F 1		1	
120. HADIVIDOAL O LAGT NAIVIE	126. INDIVIDUAL'S LAST NAME		MIL	MIDDLE NAME		SUFFIX	
. MAILING ADDRESS	· · · · · · · · · · · · · · · · · ·	CITY	STA	ATE	POSTAL CODE	COUNTRY	
25 Oxmoor Circle, Suite 811		Birmingham		1	35209		
This FINANCING STATEMENT	covers timber to be cut or as-extracted	16. Additional collateral descrip					
collateral, or is filed as a 📝 fix							
Description of real estate:							
HASE 1 RD SECTOR AP BOOK/MAP PAGercel ID- 13 5 21 3 002	GE- 18/113						
Name and address of a RECORD (if Debtor does not have a record	OWNER of above-described real estate interest):						
		17. Check only if applicable and					
		Debtor is a Trust or Trust 18. Check only if applicable and	ustee acting with respect	to pro	operty held in trust or	Decedent's Est	
		Debtor is a TRANSMITTING					
		Filed in connection with a M		antion			
		Fired in connection with a M	anulactured-Home Transa	action			

Filed in connection with a Public-Finance Transaction