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20100901000282560 1/2 \$34.25 Shelby Cnty Judge of Probate, AL 09/01/2010 02:10:46 PM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALAGASAO

#20 2016 ST,

BIAMINGIAM, AL 35293

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

			- <u></u>				
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				
BATES	GLENN						
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY				
139 NAKROW CAEEK DR.	BIRMINGHAM	1635242	454				
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any					
ORGANIZATION DEBTOR			NONE				
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or combi	ne 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 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any					
ORGANIZATION DEBTOR			NONE				
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or 3l	0)					
3a. ORGANĮZATION'S NAME							
ALABAMA GAS BAP							
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY				
#10 2015	BIRMINGHAM	16 35295	1154				

4. This FINANCING STATEMENT covers the following collateral:

MOD# FEM4P2400A1 SN# A101668753

3500, <u>so</u>

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIG	GNEE/CONSIGNOR BAI	ILEE/BAILOR SELLER/BUY	YER AG. LIEN	NON-UCC FI	LING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicat		SEARCH REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Deb	otor 2
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09/01/2010 02:10:46 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 MIDDLE NAME, SUFFIX FIRST NAME 9b. INDIVIDUAL'S LAST NAME 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 SUFFIX MIDDLE NAME FIRST NAME 11b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 11c. MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11f. JURISDICTION OF ORGANIZATION 11e. TYPE OF ORGANIZATION ADD'L INFO RE 11d. TAX ID #: SSN OR EIN ORGANIZATION NONE DEBTOR ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 2b. INDIVIDUÁL'S LAST NAME COUNTRY POSTAL CODE STATE 12c. MAILING ADDRESS LEEDS 16. Additional collateral description: 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: 139 NARROW CREEK DR, 35242 - LOT 34 BOOK 27 PAGE 81 SUB NARKOW CREEK AMENDED MAP SHELBY COUNTY 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. 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.

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

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

Debtor is a TRANSMITTING UTILITY