		5he	My Hor	-	0110217000055630 helby Cnty Judge 2/17/2011 10:54:	of Probata A
CC FINANCING OLLOW INSTRUCTIONS ON NAME & PHONE OF CO	(front and back) CAREFULLY	24,40			30 HM FICED\CE
S. SEND ACKNOWLEDGM		ne and Address)	3 6			
Alagasco #20 South 20t Birmingham,	th Street					
DEBTOR'S EXACT FUL	L LEGAL NAME	insert only <u>one</u> debtor name (1a or 1b)	THE ABOV - do not abbreviate or combine names	E SPACE IS FO	R FILING OFFICE US	SEONLY
1a. ORGANIZATION'S NAM						
1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
Nemeth	· -		Melanie			
MAILING ADDRESS			Liolono	STATE	POSTAL CODE 35080	COUNTRY
			Helena	AL	ようしめし	
		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
SEEINSTRUCTIONS	ORGANIZATION DEBTOR SEXACT FULL		1f. JURISDICTION OF ORGANIZATION ebtor name (2a or 2b) - do not abbreviate or con			
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NAM	ORGANIZATION DEBTOR 'S EXACT FULL ME				ANIZATIONAL ID#, if any	
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NAM MAILING ADDRESS	ORGANIZATION DEBTOR 'S EXACT FULL ME AME ADD'L INFO RE ORGANIZATION		ebtor name (2a or 2b) - do not abbreviate or con	mbine names MIDDLE STATE	ANIZATIONAL ID #, if any	SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME. MAILING ADDRESS 2. SEEINSTRUCTIONS	ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR	LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or con FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	mbine names MIDDLE STATE	NAME POSTAL CODE	SUFFIX
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NAM MAILING ADDRESS SECURED PARTY'S NAM 3a. ORGANIZATION'S NAM 3a. ORGANIZATION'S NAM	ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR AME AME AME AME AME AME AME AM	LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or con	mbine names MIDDLE STATE	NAME POSTAL CODE	SUFFIX
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NAM MAILING ADDRESS SECURED PARTY'S NAM 3a. ORGANIZATION'S NAM Alagasco	ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR IAME (or NAME of ME	LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or con FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	mbine names MIDDLE STATE	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NAM MAILING ADDRESS SECURED PARTY'S N 3a. ORGANIZATION'S NAM Alagasco	ORGANIZATION DEBTOR 'S EXACT FULL ME ADD'L INFO RE ORGANIZATION DEBTOR IAME (or NAME of ME AME	LEGAL NAME - insert only one d	P) - insert only one secured party name (3a or 3b)	MIDDLE STATE 2g. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX COUNTRY

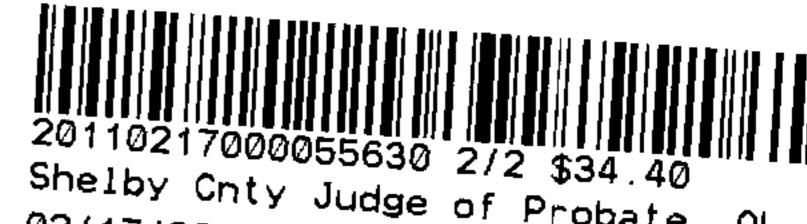
AG. LIEN

All Debtors

NON-UCC FILING

8. OPTIONAL FILER REFERENCE DATA

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7, Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] [ADDITIONAL FEE] [optional]



JCC FINANCING STATE		1	02/17/2011 10:54:35 AM FILED/CERT			
OLLOW INSTRUCTIONS (front and ba . NAME OF FIRST DEBTOR (1a or 1		TATEMENT				
9a. ORGANIZATION'S NAME	b) ON INCLATED I HAZINGING S					
OR						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
Nemeth	Melanie					
10. MISCELLANEOUS:						
4 ADDITIONAL DEPTODIC EVACT OF				IS FOR FILING OFF	ICE USE ONLY	
11a. ORGANIZATION'S NAME	-ULL LEGAL NAME - insert only one	e name (11a or 11b) - do not abbreviate or con	nbine names		<u> </u>	
11b. INDIVIDUAL'S LAST NAME	11b. INDIVIDUAL'S LAST NAME		MIDDLE	NAME	SUFFIX	
Ic. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
ORGANIZATI	RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if	any	
2. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/F	P'S NAME - insert only <u>one</u> name (12a or 12	2h)		NC	
12a. ORGANIZATION'S NAME		The state of the s		· · · · · · · · · · · · · · · · · · ·		
Total Comfort Heating ar	nd Air					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
2c. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	OTATE:	DOCTAL CODE	OOLINITEDY	
20. MAILING ADDRESS 225 Oxmoor Circle, Suite 811		Birmingham	STATE	35209	COUNTRY	
	timber to be cut or as-extracted			33207		
collateral, or is filed as a fixture filing	1 1	10. Additional Collateral description,				
4. Description of real estate:						
PLANTATION SOUTH 3RI LOT 37 BLK 1 SECTION 22						
MAP BOOK/PAGE- 13/89						
PARCEL ID- 13 5 22 2 001 0	01.051					
 Name and address of a RECORD OWNER (if Debtor does not have a record interest): 						
		17. Check only if applicable and check on	ly one box.			
		i <u>—</u>	-	roperty held in trust or	Decedent's Est	
			-5 to p	p y - i o i u i i i u o t - O i	しょししししゅいにも ごうし	
		18. Check only if applicable and check on	<u>ly</u> one box.			

Filed in connection with a Manufactured-Home Transaction

Filed in connection with a Public-Finance Transaction