NAME & PHONE OF CON	STATEMENT (front and back) CAREFULLY NTACT AT FILER [optional] ENT TO: (Name and Address)	20110531 Shelby C	inty Jude	0 1/2 \$40.40 le of Probate, A	
SERTOR'S EXACT FUI	Alagasco 605 Richard Arrington Jr Blvd N Birmingham, AL 35203 LL LEGAL NAME - insert only one debtor name (1a o	THE ABOVE SE		R FILING OFFICE US	
1a. ORGANIZATION'S NAM		<u></u>			· · · · · · · · · · · · · · · · · · ·
1b. INDIVIDUAL'S LAST NA	AME	FIRST NAME	MIDDLE	NAME	SUFFIX
Reed		Lafollette	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS 7 Caldwell Mill L1	n	Birmingham	AL	35242	US
- Caldwell Will Li	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID#, if any	
	ORGANIZATION DEBTOR		j		
,, ,, ,, e ,, , 	O EXACT FULL LEGAL MAINE - Insert only one de	btor name (2a or 2b) - do not abbreviate or combine	s namos		
2a. ORGANIZATION'S NAM	ΛΕ ΛΕ	FIRST NAME	MIDDLE	NAME	SUFFIX
2a. ORGANIZATION'S NAM	ΛΕ ΛΕ	FIRST NAME	MIDDLE	NAME	SUFFIX
2a. ORGANIZATION'S NAM	ΛΕ ΛΕ	FIRST NAME CITY	MIDDLE	NAME POSTAL CODE	SUFFIX
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA	ΛΕ ΛΕ		STATE		COUNTRY
2a. ORGANIZATION'S NAM 2b. INDIVIDUAL'S LAST NA	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	CITY	STATE	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAM	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY 2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAM	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR)	CITY 2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAME ALLING ADDRESS SECURED PARTY'S NAME ALL ORGANIZATION'S NAME ALL ORGANIZATION'	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ME	2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
2a. ORGANIZATION'S NAME OF THE PARTY'S NAME OF	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ME	CITY 2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
2a. ORGANIZATION'S NAME ALLING ADDRESS SECURED PARTY'S NAME Alagasco 3b. INDIVIDUAL'S LAST NAME ALLING ADDRESS	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ME	2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b) FIRST NAME	2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any NAME	COUNTRY
2a. ORGANIZATION'S NAME ALLING ADDRESS SECURED PARTY'S NAME Alagasco 3b. INDIVIDUAL'S LAST NAME ALLING ADDRESS	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR) ME AME	2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b) FIRST NAME CITY	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 3a. ORGANIZATION'S NAME Alagasco 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 605 Richard Arring	AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR) ME AME	2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party name (3a or 3b) FIRST NAME	STATE STATE	POSTAL CODE ANIZATIONAL ID #, if any NAME POSTAL CODE	COUNTRY

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

CC FINANCING ST LOW INSTRUCTIONS (from	TATEMENT ADDENDUM					
	(1a or 1b) ON RELATED FINANCING STA	TEMENT				
9a, ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME Reed	FIRST NAME Lafollette	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:					00159290 2/2 \$4	
				_	ty Judge of Pro 1 01:34:38 PM F	
			THE ABOVE SE	PACE	IS FOR FILING OFFI	CE USE ONL
ADDITIONAL DEBTOR'S I	EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	iate or combine names			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	M	IIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	S	TATE	POSTAL CODE	COUNTR
OR	D'L INFO RE 11e. TYPE OF ORGANIZATION SANIZATION STOR	11f. JURISDICTION OF ORGA	NIZATION 11	1g. OR(SANIZATIONAL ID #, if a	ny
ADDITIONAL SECURE	D PARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			
12a. ORGANIZATION'S NAME Total Comfort Heat	ing and Air					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	M	IDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	1	TATE	POSTAL CODE	COUNTR
25 Oxmoor Circle Su	ite 811	Birmingham	F	4L.	35209	US
This FINANCING STATEMENT collateral, or is filed as a fix Description of real estate:		16. Additional collateral descr	iption:			
4837 Caldwell Mill Ln Birmingham, AL 3524	2-4505					
Legal Description Primary Lot 37						
Old Mill Trace 2nd Section 22 Township Map Book 8 Map Pag Shelby County, Alabar	19S Range 02W ge 156					
Name and address of a RECOR (if Debtor does not have a record	ND OWNER of above-described real estate d interest):					
		17. Check only if applicable a				
		Debtor is a Trust or	Trustee acting with resp	ect to p	roperty held in trust or	Decedent's
		Debtor is a Trust or 18. Check only if applicable as	Trustee acting with respond one box.	ect to p	property held in trust or	Decedent's
		Debtor is a Trust or	Trustee acting with respond check <u>only</u> one box.			Decedent's