| JCC FINANCING STATEMEN' OLLOW INSTRUCTIONS (front and back) CA A, NAME & PHONE OF CONTACT AT FILER [o | REFULLY  |  |   |            |
|---|--|--|---|------------|
| B. SEND ACKNOWLEDGMENT TO: (Name ar   |  |  |   |            |
|   | AS CORPORATION   | 20121022000403930<br>Shelby Cnty Judge<br>10/22/2012 11:45:2 | of Probate, HL                                      |            |
|   | ARRINGTON JR BLVD N  | THE ABOVE SPACE IS I   | FOR FILING OFFICE US                                | SE ONLY    |
| 1. DEBTOR'S EXACT FULL LEGAL NAME - in 1a. ORGANIZATION'S NAME  | sert only <u>one</u> debtor name (1a or 1b) - do not abbrevi | ate or combine names   |   |            |
| OR 1b. INDIVIDUAL'S LAST NAME POOLE   | FIRST NAME VIRGINIA  | į  | E NAME<br>LLIOTT                                    | SUFFIX     |
| 1c. MAILING ADDRESS<br>155 RIVER OAKS LN  | CITY HELENA  | STATE  | POSTAL CODE  35080-8615  RGANIZATIONAL ID #, if any | COUNTRY US |
| ORGANIZATION<br>DEBTOR  |  |  | COANIZATIONAL ID #, II ally                         | NON        |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEG   | GAL NAME - insert only <u>one</u> debtor name (2a or 2b)     | - do not abbreviate or combine names                         |   |            |
| OR 2b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDI  | MIDDLE NAME   |            |
| 2c. MAILING ADDRESS   | CITY   | STATE  | E POSTAL CODE                                       | COUNTRY    |
| ADD'L INFO RE 2e.<br>ORGANIZATION<br>DEBTOR   | TYPE OF ORGANIZATION 2f. JURISDICTION                        | OF ORGANIZATION 2g. Of                                       | RGANIZATIONAL ID#, if any                           | NON        |
| 3. SECURED PARTY'S NAME (or NAME of TO 3a. ORGANIZATION'S NAME  |  | secured party name (3a or 3b)                                | · · · · · · · · · · · · · · · · · · ·               |            |
| OR ALABAMA GAS CORPORATION 3b. INDIVIDUAL'S LAST NAME   | ON<br>FIRST NAME   | MIDD   | LE NAME   | SUFFIX     |
| 3c. MAILING ADDRESS 605 RICHARD ARRINGTON JR  | BLVD N BIRMINGH  | IAM AL   | E POSTAL CODE 35203                                 | COUNTRY    |
| 4. This FINANCING STATEMENT covers the following AMERICAN STANDARD COIL MODEL #4TXCC049BC3HCBA        |  |  |   |            |

|                |                      | <u>.</u>               |                            |   |                              |                               |             |                   |
|----------------|----------------------|------------------------|----------------------------|---|------------------------------|-------------------------------|-------------|-------------------|
| 5. AL <b>7</b> | Z<br>ERNATIVE DESIGN | ATION [if applicable]: | LESSEE/LESSOR              | CONSIGNEE/CONSIGNOR                                   | BAILEE/BAILOR                | SELLER/BUYER                  | AG. LIEN    | NON-UCC FILING    |
|                |                      |                        | [for record] (or recorded) | in the REAL 7. Check to RE [if applicable] [ADDITION/ | QUEST SEARCH REPO<br>AL FEE) | RT(S) on Debtor(s) [optional] | All Debtors | Debtor 1 Debtor 2 |
|                | IONAL FILER REFE     |                        |                            |   |                              |                               |             | ··- ··            |

| NAME OF FIRST DEBTOR (1a or 1                      | ck) CAREFULLY<br>b) ON RELATED FINANCING STAT | EMENT  |                                       |              |                          |   |
|--|---|--|---------------------------------------|--------------|--------------------------|---|
| 9a. ORGANIZATION'S NAME                            |   |  |                                       |              |                          |   |
| 9b. INDIVIDUAL'S LAST NAME                         | FIRST NAME                                    | MIDDLE NAME, SUFFIX                                  |                                       |              |                          |   |
| POOLE  | VIRGINIA                                      | B ELLIOTT  |                                       |              |                          |   |
| MISCELLANEOUS:                                     |   |  |                                       |              | <b> </b>                 | <b>                                    </b> |
| , MIJOULLE AINLOUD.                                |   |  |                                       |              |                          |   |
|  |   |  | 201<br>Sha                            | 2102200      | 00403930 2/2 \$40        | . 85  |
|  |   |  | 0.70                                  | THE CITE     | y Judge of Prob          | - t - O:                                    |
|  |   |  |                                       |              | TO HIT PI                | -ED/CERT                                    |
|  |   |  |                                       |              |                          |   |
|  |   |  |                                       |              |                          |   |
|  | <b></b>                                       | :  | THE ABOV                              | SPACE        | IS FOR FILING OFFIC      | E USE ONLY                                  |
| . ADDITIONAL DEBTOR'S EXACT                        | FULL LEGAL NAME - insert only <u>one</u> nar  | me (11a or 11b) - do not abbrev                      | iate or combine nam                   | nes          | <u> </u>                 | ·····                                       |
| 11a. ORGANIZATION'S NAME                           |   |  |                                       |              |                          |   |
| 11b. INDIVIDUAL'S LAST NAME                        |   | FIRST NAME   | <u></u>                               | MIDDLE       | NAME                     | SUFFIX                                      |
|  |   |  |                                       |              |                          |   |
| MAILING ADDRESS                                    | ., <u> </u>                                   | CITY   | · · · · · · · · · · · · · · · · · · · | STATE        | POSTAL CODE              | COUNTRY                                     |
|  |   | 444 UPPLANTANIAN ANALAS                              | HZATION                               | 11- 074      | SANIZATIONAL ID #, if ar | <u></u>                                     |
| ADD'L INFO I<br>ORGANIZATI                         | 1   | 11f. JURISDICTION OF ORGAN                           | MIZATION                              | Ting. Okt    | SANIZATIONAL IU #, II at |   |
| DEBTOR   | TV/C A CCICNOD C/D'C                          | NIABATE is a set a why a set warmen                  | (12a at 12b)                          |              |                          | 1   |
| 12a. ORGANIZATION'S NAME                           | TY'S or ASSIGNOR S/P'S                        | NAIVIE - Insert only one name                        | (128 01 120)                          |              | , <u></u>                | <del></del>                                 |
| TOTAL COMFORT                                      |   |  |                                       |              |                          |   |
| 12b. INDIVIDUAL'S LAST NAME                        |   | FIRST NAME   |                                       | MIDDLE       | NAME                     | SUFFIX                                      |
|  |   |  | <u></u> -                             | STATE        | POSTAL CODE              | COUNTRY                                     |
| MAILING ADDRESS  O OXMOOR CIR, STE 11              |   | HOMEWOOD   |                                       | AL           | 35209                    | US  |
| This FINANCING STATEMENT covers                    |   | 16. Additional collateral descri                     | ption:                                |              |                          |   |
| collateral, or is filed as a                       | J   |  | •                                     |              |                          |   |
| Description of real estate:                        |   |  |                                       |              |                          |   |
| ACE DIVICED OAKS IN                                |   |  |                                       |              |                          |   |
| 455 RIVER OAKS LN<br>HELENA, AL 35080-8615         |   |  |                                       |              |                          |   |
|  |   |  |                                       |              |                          |   |
| Legal Description PRIMARY LOT 721                  |   |  |                                       |              |                          |   |
| RIVERWOODS 7TH SECTOR                              | PHASE 1                                       |  |                                       |              |                          |   |
| SECTION 17 TOWNSHIP 205<br>MAP BOOK 35 MAP PAGE 65 | 9 RANGE USVV                                  |  |                                       |              |                          |   |
| PARCEL #13 4 17 0 008 021.0                        | 00  |  |                                       |              |                          |   |
| SHELBY COUNTY, ALABAMA                             |   |  |                                       |              |                          |   |
|  |   |  |                                       |              |                          |   |
|  |   |  |                                       |              |                          |   |
| . Name and address of a RECORD OWNE                |   |  |                                       |              |                          |   |
| (if Debtor does not have a record interest)        |   |  |                                       |              |                          |   |
|  |   |  |                                       |              |                          |   |
|  |   | 17. Check <u>only</u> if applicable an               |                                       |              | F                        | ٦_  |
|  |   |  |                                       |              | roperty held in trust or | Decedent's Es                               |
|  |   | 18. Check <u>only</u> if applicable an               |                                       | JA.          |                          |   |
|  |   | Debtor is a TRANSMITTING  Filed in connection with a |                                       | : Transactio | n effective 30 vears     |   |
|  |   | Filed in connection with a                           |                                       |              |                          |   |
|  |   | 1 Filed in connection with a                         | I TOUGHT HIGHICC FIRM                 | 240110U 6    | MEDUVE DO VERIS          |   |

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