

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

Shelby # 300
11.25
4275



20141013000322960 1/2 \$42.25
Shelby Cnty Judge of Probate, AL
10/13/2014 12:17:13 PM FILED/CERT

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299 |
| B. E-MAIL CONTACT AT FILER (optional) Cindy.Thomas@alagasco.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|--|-------------------------------------|----------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME EDWARDS | FIRST PERSONAL NAME KAREN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 1115 GREYSTONE COVE DR | CITY BIRMINGHAM | STATE AL | POSTAL CODE 35242-7073 | COUNTRY US |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 2101 6TH AVE NORTH | CITY BIRMINGHAM | STATE AL | POSTAL CODE 35203 | COUNTRY US |

4. COLLATERAL: This financing statement covers the following collateral:

LENNOX GAS PACKAGE
M# CX34-49C-GF-1 S# 6014G07356
M# XC25-060-230-01 S# 5814J01701
M# EL29GUH090XV60C-04 S# 59131233365

\$7500.00

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS



20141013000322960 2/2 \$42.25
Shelby Cnty Judge of Probate, AL
10/13/2014 12:17:13 PM FILED/CERT

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

EDWARDS

FIRST PERSONAL NAME

KAREN

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

MARKS HEATING AND AIR

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

5165 TRACE CROSSINGS DR

CITY

HOOVER

STATE

AL

POSTAL CODE

35244

COUNTRY

US

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

1115 GREYSTONE COVE DR BIRMINGHAM, AL 35242-7073

LEGAL DESCRIPTION

LOT 47 COVE OF GREYSTONE THE PHASE 2

MAP BOOK 29 MAP PAGE 136

DEED BOOK 2004 DEED PAGE 1018000573140

PARCEL # 03 8 27 0 012 018.000

SHELBY COUNTY, ALABAMA

17. MISCELLANEOUS: