

32.00  
7.50  
\$39.50



20170626000227790 1/2 \$39.50  
Shelby Cnty Judge of Probate, AL  
06/26/2017 02:06:55 PM FILED/CERT

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Shelby

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br><b>LaQuita Young - Williams</b>                                                       |
| B E-MAIL CONTACT AT FILER (optional)                                                                                                   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>Alabama Gas Corporation<br/>2101 6th Avenue North<br/>Birmingham, AL 35203</b> |

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<br><b>Pennington</b> | FIRST PERSONAL NAME<br><b>James</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>R</b> | SUFFIX               |
| 1c MAILING ADDRESS<br><b>925 Frontier Drive</b> | CITY<br><b>Pelham</b>                        | STATE<br><b>AL</b>                  | POSTAL CODE<br><b>35124</b>               | COUNTRY<br><b>US</b> |

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<br><b>Alabama Gas Corporation</b> |                           |                     |                               |                      |
| OR                                                       | 3b INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c MAILING ADDRESS<br><b>2101 6th Avenue North</b>       | CITY<br><b>Birmingham</b> | STATE<br><b>AL</b>  | POSTAL CODE<br><b>35203</b>   | COUNTRY<br><b>US</b> |

4. COLLATERAL: This financing statement covers the following collateral

**American Standard A/C Evaporator and Coil**

**M# 4A7A4036L1000A S# 171331WFBF**

**M# 4TXCB004DS3HCA S# 17126M935G**

**\$5000.00**

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:





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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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       |        |
| <b>Pennington</b>             |        |
| FIRST PERSONAL NAME           |        |
| <b>James</b>                  |        |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| <b>R</b>                      |        |

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  |                     |                               |              |           |
| <b>Total Comfort</b>     |                     |                               |              |           |
| OR                       |                     |                               |              |           |
| 11b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX       |           |
|                          |                     |                               |              |           |
| 11c MAILING ADDRESS      | CITY                | STATE                         | POSTAL CODE  | COUNTRY   |
| <b>2225 Ruffner Rd</b>   | <b>Montgomery</b>   | <b>AL</b>                     | <b>36117</b> | <b>US</b> |

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)

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

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate

**925 Frontier Drive  
Pelham, AL 36109**

**Legal Description  
Lot 17 Block L  
Sub Division Cahaba Valley Estates 2nd Sector  
Map Book 05 Map Page 093  
Parcel # 13 1 12 2 001 034.000  
Shelby County, Alabama**

17. MISCELLANEOUS