



## UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS  | •   |                                       |                   |                                    |  |  |
|--|---|---------------------------------------|-------------------|------------------------------------|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)                                     |   |                                       |                   |                                    |  |  |
| LAQUITA YOUNG-WILLIAMS   |   |                                       |                   |                                    |  |  |
| B. E-MAIL CONTACT AT FILER (optional)  |   |                                       |                   |                                    |  |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)                                      |   |                                       |                   |                                    |  |  |
| C. SEND ACKNOWLEDGIVIENT TO: (Name and Address)                                    |   |                                       |                   |                                    |  |  |
| ALABARA CACCORDODATION   |   |                                       |                   |                                    |  |  |
| ALABAMA GAS CORPORATION  |   |                                       |                   |                                    |  |  |
| 2101 6TH AVE N<br>BIRMINGHAM, AL. 35203  |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  |   | THE ABOVE                             | SPACE IS FO       | R FILING OFFICE USE                | ONLY                                   |  |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us                      | -   | •                                     |                   |                                    |  |  |
|  | and provide the Individual Debtor inform  | aation in item 10 of t                | ne Financing Sta  | tement Addendum (Form O            |  |  |
| 1a ORGANIZATION'S NAME   |   |                                       |                   |                                    |  |  |
| OR 16 INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                       | <u></u>                               | ADDITIO           | NAL NAME(S)/INITIAL(S)             | SUFFIX                                 |  |
| BROWN  | JOANN                                     |                                       |                   |                                    |  |  |
| 1c. MAILING ADDRESS  | CITY                                      |                                       | STATE             | POSTAL CODE                        | COUNTRY                                |  |
| 2343 ARBOR GLEN  | BIRMINGHA                                 | AM                                    | AL                | 35244                              | US                                     |  |
| 2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (us                       | se exact, full name, do not omit, modify. | or abbreviate any p                   | art of the Debtor | s name); if any part of the In     | idividual Debtor's                     |  |
| name will not fit in line 2b. leave all of item 2 blank, check here                | and provide the Individual Debtor inform  | nation in item 10 of I                | he Financing Sta  | itement Addendum (Form Ui          | CC1Ad)                                 |  |
| 2a. ORGANIZATION'S NAME  |   |                                       |                   |                                    |  |  |
| OR   |   | · · · · · · · · · · · · · · · · · · · |                   |                                    | Jaceniu                                |  |
| 26 INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                       |                                       | ADDITIO           | NAL NAME(S)/INITIAL(S)             | SUFFIX                                 |  |
| 2c MAILING ADDRESS   | CITY                                      |                                       | STATE             | POSTAL CODE                        | COUNTRY                                |  |
| 20 MAILING ADDRESS   |   |                                       | STATE             | FOSTAL COBE                        | CONTIN                                 |  |
| 2 SECURED DARTY'S NAME (AND ADDRESS OF A SCI                                       | CNOR SECURED BARTY): Broude cel           | v one Facured Bort                    |                   | \                                  |  |  |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI<br>3a. ORGANIZATION'S NAME    | SNOR SECORED PARTY). Provide on           | y <u>one</u> Secured Fart             | r name (se or se  | <del>)</del>                       | ······································ |  |
| ALABAMA GAS CORPORATION  |   |                                       |                   |                                    |  |  |
| 36 INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                       | <u> </u>                              | ADDITIO           | NAL NAME(S)/INITIAL(S)             | SUFFIX                                 |  |
|  |   |                                       |                   |                                    |  |  |
| 3c MAILING ADDRESS   | DIDATNICH                                 | A BA                                  | STATE             | POSTAL CODE                        | COUNTRY                                |  |
| 2101 6TH AVE NORTH   | BIRMINGHA                                 | AIVI                                  | AL                | 36067                              | US                                     |  |
| 4. COLLATERAL: This financing statement covers the following colla                 |   |                                       |                   |                                    |  |  |
| AMERICAN STANDARD COMPLETE SYST<br>M# 49794060L1000A S# 17201TD75E                 | I E IVI                                   |                                       |                   |                                    |  |  |
| M# 49794060L1000A S# 17201TD75E<br>M# AUD1A12099601AB S# 171845551G                |   |                                       |                   |                                    |  |  |
| M# G84960245B2522AP S# 7117A19345  |   |                                       |                   |                                    |  |  |
| 1414 GG4766245B2522211 Sii (1177117515   |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
| \$6,237.00   |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  |   |                                       |                   |                                    |  |  |
|  | ·   |                                       |                   |                                    |  |  |
| 5. Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is he | eld in a Trust (see UCC1Ad, item 17 and   | Instructions)                         | being administe   | red by a Decedent's Person         | al Representative                      |  |
| 6a. Check only if applicable and check only one box:                               |   |                                       | 6b. Check only i  | f applicable and check <u>only</u> |  |  |
| Public-Finance Transaction Manufactured-Home Tra                                   | A Debtor is a Transi                      | mitting Utility                       | Agricut           | tural Lien Non-UCC                 | Filing                                 |  |
| 7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor                           | Consignee/Consignor                       | Seller/Buye                           | г 📗 Ва            | itee/Baitor Licer                  | nsee/Licensor                          |  |
| 8. OPTIONAL FILER REFERENCE DATA:  |   |                                       |                   |                                    |  |  |



## 20170921000344520 2/2 \$41.45 Shelby Cnty Judge of Probate: AL 09/21/2017 12:56.24 PM FILED/CERT

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS** 

| OC MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  | NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here | tement: if line 1b was left blan      | k  |                               |             |                       |                      |  |
|--|---|---------------------------------------|--|-------------------------------|-------------|-----------------------|----------------------|--|
| BRANDON  FIRST PERSONAL NAME WARREN  ADDITIONAL NAME(S)INITIAL(S)  L  THE ABOVE SPACE IS FOR FILING OFFICE USE OF 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, independent of the Obstacle any part of the Debtor's name) and enter the mailing address in line 10c  10a ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  CMAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TOTAL COMFORT HEATING & AIR, LLC  11b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & AIR, LLC  11b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUF  TOTAL COMFORT HEATING & ORGANIZATION'S NAME  TOTAL COMFORT HEATI | 9a. ORGANIZATION'S NAME   |                                       |  |                               |             |                       |                      |  |
| BRANDON  FIRST PERSONAL NAME WARREN  ADDITIONAL NAME(S)/INITIAL(S)  L  THE ABOVE SPACE IS FOR FILING OFFICE USE OF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY   |   |                                       |  |                               |             |                       |                      |  |
| FIRST PERSONAL NAME WARREN  ADDITIONAL NAME(S)/INITIAL(S)  L  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 to one or omit, modify or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10a ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  IMAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TOTAL COMFORT HEATING & AIR, LLC  ITIS INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  TOTAL COMFORT HEATING & AIR, LLC  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  CITY  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  CITY  CITY  STATE  POSTAL CODE  COUNTY  CITY  | 96. INDIVIDUAL'S SURNAME  | · · · · · · · · · · · · · · · · · · · | <del></del>  |                               |             |                       |                      |  |
| WARREN  ADDITIONAL NAME(S)/INITIAL(S)  L  DEBTOR'S NAME Provide (10s 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. on not omit, modify or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10a ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)  11a ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF   |   |                                       |  |                               |             |                       |                      |  |
| DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, if 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  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  OC. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TOTAL COMFORT HEATING & AIR, LLC  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  CITY  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  C |   |                                       |  |                               |             |                       |                      |  |
| 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, 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  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUF  CITY  STATE POSTAL CODE  COUNTY STATE POSTAL CODE  TOTAL COMFORT HEATING & AIR, LLC  R 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  TOTAL COMFORT HEATING & AIR, LLC  R 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTY STATE POSTA | ADDITIONAL NAME(S)/INITIAL(S)   | ONAL NAME(S)/INITIAL(S)               |  |                               |             |                       |                      |  |
| 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  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  SUF  C MAILING ADDRESS  CITY  STATE  POSTAL CODE  COL  11a. ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  TOTAL COMFORT HEATING & AIR, LLC  R 11b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  C MAILING ADDRESS  CITY  STATE  POSTAL CODE  COL  COL  COL  COL  COL  COL  COL  COL  STATE  POSTAL CODE  COL  COL  COL  COL  COL  COL  COL  CO   |   |                                       |  |                               |             |                       |                      |  |
| R 10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  SUF  CITY  STATE POSTAL CODE  COU  1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  R 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  CITY  STATE POSTAL CODE  COU  COU  COU  COU  COU  COU  COU  CO   |   |                                       |  | ine 1b or 2b of the l         | Financing S | Statement (Form UCC1) | (use exact, full nam |  |
| INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  COU  COU  COU  COU  COU  COU  CO   | 10a ORGANIZATION'S NAME   |                                       |  |                               |             |                       |                      |  |
| INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE POSTAL CODE  COU  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUF  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  | 10b. INDIVIDUAL'S SURNAME   |                                       |  |                               |             |                       | •                    |  |
| C MAILING ADDRESS  CITY  STATE POSTAL CODE  COU  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE POSTAL CODE  COU  COU  COU  COU  COU  COU  COU  CO   | INDIVIDUAL'S FIRST PERSONAL NAME  | <u> </u>                              |  |                               |             |                       |                      |  |
| ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  TOTAL COMFORT HEATING & AIR, LLC  TOTAL SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SURVAME  MAILING ADDRESS  CITY  STATE POSTAL CODE  COL  | INDIVIDUAL S ADDITIONAL NAME(S)/INITIAL(S)  |                                       |  |                               |             |                       | SUFFIX               |  |
| TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  CITY  STATE POSTAL CODE  COL   | c MAILING ADDRESS   | CITY                                  |  |                               | STATE       | POSTAL CODE           | COUNTRY              |  |
| TOTAL COMFORT HEATING & AIR, LLC  11b. INDIVIDUAL'S SURNAME  C MAILING ADDRESS  CITY  STATE POSTAL CODE  COL   |   |                                       |  |                               |             |                       |                      |  |
|  | P   |                                       | . NAME   | ADDITIONAL NAME(S)/INITIAL(S) |             |                       | S) SUFFIX            |  |
|  |   | IRONDALE                              |  |                               | STATE       | POSTAL CODE           | COUNTRY              |  |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  | 2225 RUFFNER RD  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):   | IRONDA                                | LE   |                               | AL          | 35210                 | US                   |  |
|  | The Cinancinic STATEMENT is to be 5) and 65 a second of   | ad the Fields Cit                     | IO OTATOR  | 4ENT.                         |             |                       | #1. ±                |  |
| The suppose statement as he shall see seed for second to the 14 The SIMANONIC STATEMENT.   | REAL ESTATE RECORDS (if applicable)   |                                       |  |                               | -extracted  | collateral  s filed   | as a fixture filing  |  |
|  | . Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest)      | em 16 16. Description of              | real estate  | <del></del>                   |             |                       |                      |  |
| REAL ESTATE RECORDS (if applicable)    covers timber to be cut   covers as-extracted collateral   Is filed as a fixture  |   |                                       |  | 35244                         |             |                       |                      |  |
| REAL ESTATE RECORDS (if applicable)  Covers timber to be cut  Covers as-extracted collateral  Is filed as a fixture  5. Name and address of a RECORD OWNER of real estate described in item 16  Covers timber to be cut  Covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as-extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut covers as extracted collateral  In particular to the cut cover |   | Lot 171 Sul<br>Map Book 3             | Legal Description: Lot 171 Sub Division Arbor Hill Ph 4 Map Book 35 Map Page 52 Deed Book 2015 Deed Page 0123000024790 |                               |             |                       |                      |  |

17. MISCELLANEOUS:

Parcel # 11 7 26 0 009 041.000

Shelby County, Alabama