



. NAME & PHONE OF CONTACT AT FILER [optional] . SEND ACKNOWLEDGMENT TO: (Name and Address)	······································		
ALAGAS CO			
#20 SOUTH 20th ST			
B'ham. AL 35295			
	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor named and one debtor named are considered as a series of the control o	ne (1a or 1b) - do not abbreviate or combine names		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	Tommy		
47 NORWICK FOREST DR.	ALABASTER	STATE POSTAL CODE AL 35007	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		1g. ORGANIZATIONAL ID #, if a	any
DEBTOR			
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 2a. ORGANIZATION'S NAME	one debtor name (2a or 2b) - do not abbreviate or com	bine names	
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
AX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	N 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if a	
ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME	SNOR S/P) - insert only <u>one</u> secured party name (3a or :	3b)	
ALABAMA GAS CORP.			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	CTATE IDOOTAL OODE	
20 50UTH 20th ST	B'ham	STATE POSTAL CODE AL 35 Z95	COUNTRY
is FINANCING STATEMENT covers the following collateral:			···
RUUD CONDENSOR	RUUD COIL		
	ひとてん ニュークレン		
UAND - 036JAZ	RCFA-HM361		
	KCFA-HM361 M350714352		
UAND - 036JAZ			
UAND - 036JAZ			
UAND - 036JAZ			
UAND - 036JAZ	m350714352		

8. OPTIONAL FILER REFERENCE DATA

9. NAME OF FIRST DEBTOR (1a or 1b		ATEMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
DAWSON	Tommy				
			THE ABOVE SPACE	IS FOR FILING OFF	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FOR STATE OF THE STATE OF TH	ULL LEGAL NAME - insert only one	e name (11a or 11b) - do not abbreviate	or combine names		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO R ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORGANIZA	TION 11g. OF	GANIZATIONAL ID #, if a	iny NOI
2. ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'	S NAME - insert only <u>one</u> name (12a	or 12b)		
12a. ORGANIZATION'S NAME	NEATING H	221 12/C			
ALATEC HEATING 4 (12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
2c. MAILING ADDRESS	SUITE 109	CITY	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. 4. Description of real estate: LOT 16 BLOC NORWICK FORES MAR BOOK 13	K 4 T ZNO SECTOR				
5. Name and address of a RECORD OWNER (if Debtor does not have a record interest):	of above-described real estate	17. Check only if applicable and check only i	ee acting with respect to peck only one box.	oroperty held in trust or on — effective 30 years	Decedent's Esta

UCC FINANCING STATEMENT ADDENDUM