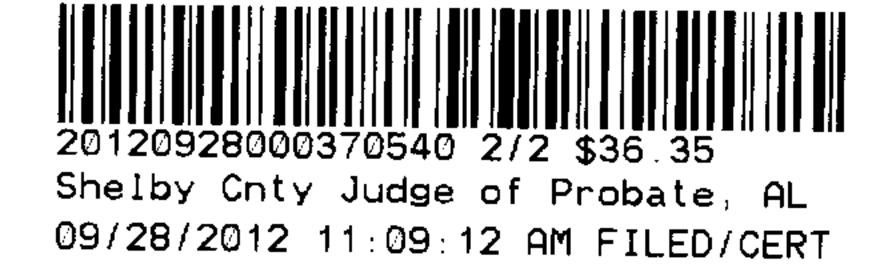
CC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address)	1.35				
ALABAMA GAS CORPORATION 605 RICHARD ARRINGTON JR BLVD N BIRMINGHAM, ALABAMA 35203		Shelby	20120928000370540 1/2 \$36.35 Shelby Cnty Judge of Probate, AL 09/28/2012 11:09:12 AM FILED/CER		
	THE AB	OVE SPACE IS FO	R FILING OFFICE US	E ONLY	
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name and organization's NAME	e (1a or 1b) - do not abbreviate or combine name:	s			
1b. INDIVIDUAL'S LAST NAME  DENNIS	FIRST NAME  JASON	MIDDLE	NAME	SUFFIX	
MAILING ADDRESS 29 STERLING GATE DR	ALABASTER	STATE	POSTAL CODE 35007	COUNTR	
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION			ANIZATIONAL ID#, if any		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (2a or 2b) - do not abbreviate or	r combine names			
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTE	
ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	N 2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any		
SECURED 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 CORPORATION					
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
. MAILING ADDRESS 605 RICHARD ARRINGTON JR BLVD N	BIRMINGHAM	STATE	POSTAL CODE 35203	COUNTI	
This FINANCING STATEMENT covers the following collateral:					
2 TON FURNACE, COIL & A/C MODEL # TUE1A040A9241AC SERIAL # 122453K81G					
MODEL # 4TXCA024BC3HCBA SERIAL # 12294DF25G					
MODEL # 4TTB3024E1000AA SERIAL # 12085NWR3F					

. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING	STATEMENT
9a. ORGANIZATION'S NAME		
)R		
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
JOD. INDIVIDUAL O LAGI MANIL	1	



THE ABOVE SPACE IS FOR FILING OFFICE US						
r 11b) - do not abbreviate or com	bine names	<del></del>	<u> </u>			
FIRST NAME		MIDDLE NAME				
	STATE	POSTAL CODE	COUNTRY			
SDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if	any			
	• •		NO			
insert only one name (12a or 12b	o)					
ME	MIDDLE N		SUFFIX			
TOOLIED)	STATE	POSTAL CODE	COUNTRY			
IGOMERY	AL	36067	US			
Trust or Trustee acting only if applicable and check only only if applicable and check only or is a TRANSMITTING UTILITY on connection with a Manufacture on connection with a Public-Finance	g with respect to pr y one box.		Decedent's			
	SDICTION OF ORGANIZATION insert only one name (12a or 12b	STATE  SDICTION OF ORGANIZATION  11g. OR  insert only one name (12a or 12b)  ME  MIDDLE  TGOMERY  AL	STATE POSTAL CODE  SDICTION OF ORGANIZATION  Insert only one name (12a or 12b)  MME  MIDDLE NAME  MIDDLE NAME  STATE POSTAL CODE  STATE POSTAL CODE  AL 36067			