. NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299 E-MAIL CONTACT AT FILER (optional) cindy.thomas@alagasco.com					
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	She 10/1	20151027000374130 1/2 \$41.20 Shelby Cnty Judge of Probate, AL 10/27/2015 12:45:12 PM FILED/CERT			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are not name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here are name (1a or 1b) (use exact name will not fit in line 1b) (use exact name will not fit in line 1b) (use exact name will name will not fit in line 1b) (use exact name will not fit in line 1b) (use exact name will name wil	t, full name; do not omit, modify, or abbreviate ar ovide the Individual Debtor information in item 10				
1b. INDIVIDUAL'S SURNAME BARNES	FIRST PERSONAL NAME JAMES	ADDITIO E	ADDITIONAL NAME(S)/INITIAL(S)		
MAILING ADDRESS 136 KENTWOOD WAY	ALABASTER	STATE	POSTAL CODE 35007-5207	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only one Secured F	Party name (3a or 3b)		
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
, MAILING ADDRESS	BIRMINGHAM	STATE	35203	COUNTR	
2101 6TH AVE NORTH COLLATERAL: This financing statement covers the following collateral:					

Consignee/Consignor

Licensee/Licensor

Bailee/Bailor

Seller/Buyer

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S				
	Statement; if line 1b was left blank			
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				
Sa. OROANIZATIONO INAME				
9b. INDIVIDUAL'S SURNAME				
BARNES		201510270003741	30 2/2 \$41.20	
FIRST PERSONAL NAME		Shelby Cnty Jud 10/27/2015 12:49	ge of Probate, 5:12 PM EUCD/A	AL
JAMES ADDITIONAL MANE(S)/INITIAL(S)	SUFFIX		or the PilebyC	ERI
ADDITIONAL NAME(S)/INITIAL(S)		THE ADOVE CDACE!	S EOD EILING OFFI	CE LICE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb	htor name or Debtor name that did not fit in I	ine 1b or 2b of the Financing S		
do not omit, modify, or abbreviate any part of the Debtor's name) and		inc to or 25 of the Chanding C	tatomont (i om oooi) (aco oxact, ran mamo,
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
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INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· " · · · · · · · · · · · · · · ·			SUFFIX
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10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S	NAME: Provide only one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME			,	<u> </u>
SERVICE EXPERTS				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
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11c. MAILING ADDRESS 2524 COMMERCE SQ W 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or record)	CITY IRONDALE	STATE	35210	US
11c. MAILING ADDRESS 2524 COMMERCE SQ W 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	rded) in the 14. This FINANCING STATEM covers timber to be contained.	STATE AL	35210	
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