NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

		20030812000530160 Shelby Cnty Judge 08/12/2003 14:59	
UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	ENT		. OU FILLUTOER (IFIE)
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Alagasco			
20 South 20 57			
1a. INITIAL FINANCING STATEMENT FILE#	5225 THE	ABOVE SPACE IS FOR FILING OFFIC	
24831		1b. This FINANCING STAT to be filed [for record] (continued and the second and th	
 TERMINATION: Effectiveness of the Financing Statement identified at CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law. 	ove is terminated with respect to security into	terest(s) of the Secured Party authorizing this Te	ermination Statement.
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information		Check only one of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:	h: also give new	ive record name ADD name: Complete m 6a or 6b. item 7c; also complete	item 7a or 7b, and also items 7d-7g (if applicable).
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST MAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 4529 Nood dale Dy 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		STATE POSTAL CODE A 35/2 TON 7g. ORGANIZATIONAL ID #, i	COUNTRY if any
ORGANIZATION DEBTOR		rg. ONOANIZATIONAL ID #, I	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			INONE
Describe collateral deleted or added, or give entire restated col	lateral description, or describe collateral	assigned.	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination author 9a. ORGANIZATION'S NAME 	AMENDMENT (name of assignor, if this is ized by a Debtor, check here and enter i	an Assignment). If this is an Amendment authonome of DEBTOR authorizing this Amendmen	orized by a Debtor which it.
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX