| A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 20111116000346480 1/2 \$41.75 Shelby Cnty Judge of Probate, AL 11/16/2011 10:30:41 AM FILED/CERT | | |
|---|---|--|--|--|---------------------|
| | ALABAMA GAS CORPORATION 605 RICHARD ARRINGTON JR BLV BIRMINGHAM, AL 35203 | | | R FILING OFFICE US | |
| DEBTOR'S EXACT | FULL LEGAL NAME - insert only one debtor name (1a | | | | |
| R 16. INDIVIDUAL'S LAS | | FIRST NAME DONALD | MIDDLE | NAME | SUFFIX |
| , MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 56 MOONEY RE | ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION | COLUMBIANA 1f. JURISDICTION OF ORGANIZATION | AL 1g. ORG | 35051-5800 ANIZATIONAL ID #, if any | US \square_{N} |
| | OR'S EXACT FULL LEGAL NAME - insert only one of | debtor name (2a or 2b) - do not abbreviate or com | bine names | · · · · · · · · · · · · · · · · · · · | [] 1 N |
| 2a. ORGANIZATION'S | INAIVIE | | אוסטו כ | LIARAP | SUFFIX |
| 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS | | FIRST NAME | MIDDLE | INAIVIE | SULLIX |
| | | CITY | STATE | POSTAL CODE | COUNTRY |
| | ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | ANIZATIONAL ID #, if any | |
| | 'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR | R S/P) - insert only <u>one</u> secured party name (3a o | 3b) | | |
| 3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION | | | | | |
| 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 3c. MAILING ADDRESS 605 RICHARD ARRINGTON JR BLVD N | | CITY BIRMINGHAM | STATE | POSTAL CODE 35203 | COUNTRY |
| 3 TON GAS PA | 336090KGP0C | | | | |
| \$8449.00 | | | | | |
| \$0449.00 | | | | | |

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 9a. ORGANIZATION'S NAME MIDDLE NAME, SUFFIX FIRST NAME 9b. INDIVIDUAL'S LAST NAME DONALD Α DUNPHY 10.MISCELLANEOUS: 20111116000346480 2/2 \$41.75 Shelby Cnty Judge of Probate, AL 11/16/2011 10:30:41 AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 11b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 11c, MAILING ADDRESS 11g. ORGANIZATIONAL ID #, if any 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION ADD'L INFO RE **ORGANIZATION** NONE DEBTOR ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME PERFECT SERVICE MIDDLE NAME SUFFIX FIRST NAME 12b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 12c. MAILING ADDRESS US 35210 AL BIRMINGHAM 5865 OLD LEEDS RD 16. Additional collateral description: 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 14. Description of real estate: 356 MOONEY RD COLUMBIANA, AL 35051-5800 Legal Description PRIMARY LOT 17 TRIPLE SPRINGS SUBDIVISION SECTION 36 TOWNSHIP 21S RANGE 01W MAP BOOK 5 MAP PAGE 34 PARCEL #21 7 26 1 001 019.000 SHELBY COUNTY, ALABAMA 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years