NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address)	2012 Shel	01060000008 by Cnty Ju	3770 1/2 \$36.50 udge of Probate, 45:31 PM FILED/	AL
ALABAMA GAS CORPORATION 605 RICHARD ARRINGTON JR BLV BIRMINGHAM, AL 35203		SPACE IS FO	R FILING OFFICE US	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
SPENCE	JIMMIE	L	TROOTAL GODE	
MAILING ADDRESS O ROBERTS ST	MONTEVALLO	STATE	POSTAL CODE 35115	COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		"		П
MAILING ADDRESS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	CITY 2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	R S/P) - insert only <u>one</u> secured party name (3a or 3	3b)		
ALABAMA GAS CORPORATION				
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
605 RICHARD ARRINGTON JR BLVD N	BIRMINGHAM	AL	35203	US
3 TON GAS FURNACE MODEL #N8MSN0701716A1 SERIAL #A114516812 \$5000.00				

8. OPTIONAL FILER REFERENCE DATA

CC FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) CAF						
NAME OF FIRST DEBTOR (1a or 1b) ON R		ATEMENT				
9a. ORGANIZATION'S NAME						
	IRST NAME JIMMIE	MIDDLE NAME, SUFFIX	<			u 111 111
MISCELLANEOUS:			2012 Shell 01/1	0106000 by Cnty	008770 2/2 \$36. Judge of Proba 03:45:31 PM FI	50 ate, AL LED/CERT
			THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only <u>one</u>	name (11a or 11b) - do not abbre	viate or combine nar	nes		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 11e. ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR	SANIZATIONAL ID #, if a	any NO
ADDITIONAL SECURED PARTY'S o	ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	e (12a or 12b)			
12a, ORGANIZATION'S NAME PERFECT SERVICE						
12b. INDIVIDUAL'S LAST NAME	 •	FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS 65 OLD LEEDS RD		IRONDALE		STATE	POSTAL CODE	COUNTRY
	o be cut or as-extracted	16. Additional collateral descr	intion:	AL	35210	US
collateral, or is filed as a fixture filing. Description of real estate:	as-extracted	10. Additional Collateral desci	ipaon.			
30 ROBERTS ST IONTEVALLO, AL 35115						
RIMARY LOT 6 OBERTS SUBDIVISION MONTEVALI ECTION 3 TOWNSHIP 24N RANGI AP BOOK 6 MAP PAGE 2	LO E 12E					
ARCEL #36 2 03 2 003 039.000 HELBY COUNTY, ALABAMA						
Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):	e-described real estate					
		17. Check only if applicable ar	-			
		Debtor is a Trust or 18. Check <u>only</u> if applicable ar			operty held in trust or	Decedent's Esta
		Debtor is a TRANSMITTIN				

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