56 e (69

. NAME & PHONE OF CONTACT AT FILER [optional]		Pr = . _		
SEND ACKNOWLEDGMENT TO: (Name and Address))			
		20120830000	326810 1/1 \$.00	
		Shelby Cnty	326810 1/1 \$.00 Judge of Probat 10:38:34 AM Etc.	
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ALABAMA GAS CORPO				PACERT
605 RICHARD ARRING BIRMINGHAM, AL 352				
	THE AF		This FINANCING STATES	
INITIAL FINANCING STATEMENT FILE # 20080815000328830			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the S		فأكبك بشووي بريننانانانانانا	REAL ESTATE RECORDS. Secured Party authorizing this Termination Statement.	
CONTINUATION: Effectiveness of the Financing Statem			· · · · · · · · · · · · · · · · · · ·	
continued for the additional period provided by applicable la	aw.			
ASSIGNMENT (full or partial): Give name of assignee in				
AMENDMENT (PARTY INFORMATION): This Amendme		neck only <u>one</u> of the	ese two boxes.	
Also check one of the following three boxes and provide appropri- CHANGE name and/or address: Give current record name in	n item 6a or 6b; also give new DELETE name: Give		ADD name: Complete ite	em 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address CURRENT RECORD INFORMATION:	(if address change) in item 7cto be deleted in item 6	sa or 6b.	item 7c; also complete ite	ems /d-/g (if applicab
6a. ORGANIZATION'S NAME	<u></u>		<u>. </u>	
		· · · · · · · · · · · · · · · · · · ·	······································	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
BRAINAIRD	SALLY	E		
CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·	• · · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME		•		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MiD	DLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STA		COUNTRY
05 WOODBURY DR	STERRETT	AI		US
ADD'L INFO RE 7e. TYPE OF OF ORGANIZATION	RGANIZATION 7f. JURISDICTION OF ORGANIZATIO)N 7g. (ORGANIZATIONAL ID #, if	· ·
DEBTOR				NC
AMENDMENT (COLLATERAL CHANGE): check only on	ne box. restated collateral description, or describe collateral	assigned.		
Describe collateral deleted or added, or give entire	I i Ti i i			
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Describe collateral deleted or added, or give entire		an Assignment). If t	his is an Amendment autho	orized by a Debtor whi
Describe collateral deleted or added, or give entire	RIZING THIS AMENDMENT (name of assignor, if this is a	an Assignment). If t	his is an Amendment authorizing this Amendmen	orized by a Debtor which
Describe collateral deleted or added, or give entire	RIZING THIS AMENDMENT (name of assignor, if this is a	an Assignment). If t	his is an Amendment authorizing this Amendmen	orized by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Terr	RIZING THIS AMENDMENT (name of assignor, if this is a	ame of DEBTOR	his is an Amendment authorizing this Amendmen	orized by a Debtor which