Shelly

LLOW INSTRUCTIONS	STATEMENT AMENDMEN (front and back) CAREFULLY	<u></u>			
NAME & PHONE OF CONTACT AT FILER [optional]					
S. SEND ACKNOWLEDGMENT TO: (Name and Address)			20120928000370550 1/1 \$.00 20120928000370550 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/28/2012 11:09:13 AM FILED/CERT		
605	ABAMA GAS CORPORATION RICHARD ARRINGTON JR BLVI MINGHAM, AL 35203	O N			
<u>L</u>		THE ABOVE SE		R FILING OFFICE USE	
INITIAL FINANCING STATE				FINANCING STATEMENT e filed [for record] (or recor	
201101260000282			RE.	AL ESTATE RECORDS.	
	ctiveness of the Financing Statement identified above is				
CONTINUATION: Ef	fectiveness of the Financing Statement identified about a period provided by applicable law.	ve with respect to security interest(s) of the Secure	ed Party auth	orizing this Continuation St	atement is
ASSIGNMENT (full or	partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in	item 9.	
AMENDMENT (PARTY	INFORMATION): This Amendment affects Del	btor or Secured Party of record. Check only	one of these	two boxes.	
	ng three boxes and provide appropriate information in i		P A.F	No name: Complete item 7a	or 7h, and als
CHANGE name and/or a name (if name change) i	iddress: Give current record name in item 6a or 6b; also n item 7a or 7b and/or new address (if address change	o give new DELETE name: Give record na to be deleted in item 6a or 6b.	me AL ite	D name: Complete item 7a m 7c; also complete items 7	7d-7g (if applic
CURRENT RECORD INFO					
6a. ORGANIZATION'S NA	ME				
R Ch INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUI		SUFFIX
OD, INDIVIDUAL S LAST I	NAME	RAYMOND			
SHOOK		ICATIVICIAD			
CHANGED (NEW) OR AD					
7a. ORGANIZATION'S NA	AIVIE				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME St		SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
548 MAGNOLIA DR		BIRMINGHAM	AL	35242-5356	US
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	DEBTOR				
AMENDMENT (COLLA	TERAL CHANGE): check only one box.	[""]			
Describe collateral dele	eted or added, or give entire restated collater				
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor. or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignr	nent). If this i	s an Amendment authorized orizing this Amendment.	by a Debtor w
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AMenuthorizing Debtor. or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Assignr	nent). If this i	s an Amendment authorized orizing this Amendment.	by a Debtor w
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor. or if this is a Termination authorized AME	IENDMENT (name of assignor, if this is an Assignr	nent). If this i	orizing this Amendment.	by a Debtor w