| NAME & PHONE OF CONTACT AT FILER [optional] CINDY THOMAS 205-326-8299  SEND ACKNOWLEDGMENT TO: (Name and Address)  |   |   |  | <b>\</b>                         |  |  |
|--|---|---|--|----------------------------------|--|--|
| ALABAMA GAS CORPORATION 605 RICHARD ARRINGTON JR BLVD BIRMINGHAM, AL. 35203  | N 201:<br>She<br>10/  | 20131018000415050 1/2 \$41.65<br>20131018000415050 1/2 \$41.65<br>Shelby Cnty Judge of Probate, AL<br>10/18/2013 01:10:17 PM FILED/CERT |  |                                  |  |  |
|  | THE A   | BOVE SPACE IS FO  | R FILING OFFICE U                          | SE ONLY                          |  |  |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor nar  | ne (1a or 1b) - do not abbreviate or combine naп  | nes   | · · · · · · · · · · · · · · · · · · ·      |                                  |  |  |
| 1a. ORGANIZATION'S NAME  |   |   |  |                                  |  |  |
| Th. INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDDLE  | NAME                                       | SUFFIX                           |  |  |
| MANER  | CITY  | R   | POSTAL CODE                                | COUNTRY                          |  |  |
| MAILING ADDRESS 2 SPINNAKER LN   | ALABASTER   | AL  | 35007-3040                                 | US                               |  |  |
|  |   | 14.4.   | 1  | ſ                                |  |  |
| ADD'L INFO RE 1e. TYPE OF ORGANIZATION   | ON 1f. JURISDICTION OF ORGANIZATIO  |   | ANIZATIONAL ID #, if an                    | y                                |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert onfo  |   | ON 1g. ORGA   | ANIZATIONAL ID #, if an                    |                                  |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert onlean ORGANIZATION'S NAME  |   | ON 1g. ORGA   |  |                                  |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert onlean ORGANIZATION'S NAME  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME   | y <u>one</u> debtor name (2a or 2b) - do not abbreviate   | on 1g. ORGA   |  | NON                              |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert onfo  | y <u>one</u> debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY   | on 1g. ORGA  B or combine names  MIDDLE  STATE  | NAME                                       | SUFFIX                           |  |  |
| ORGANIZATION DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS  | y one debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATIO  | on 1g. ORGA  B or combine names  MIDDLE  STATE  ON 2g. ORGA   | NAME POSTAL CODE                           | SUFFIX                           |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert only  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN.)  3a. ORGANIZATION'S NAME  | y one debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATIO  | on 1g. ORGA  B or combine names  MIDDLE  STATE  ON 2g. ORGA   | NAME POSTAL CODE                           | SUFFIX                           |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  | y one debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATIO  | on 1g. ORGA  B or combine names  MIDDLE  STATE  ON 2g. ORGA   | NAME  POSTAL CODE  ANIZATIONAL ID #, if an | SUFFIX                           |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert on DEBTOR'S EXACT FULL LEGAL NAME - insert on DEBTOR'S NAME  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE ALABAMA GAS CORPORATION  R  3b. INDIVIDUAL'S LAST NAME  | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATION SIGNOR S/P) - insert only one secured party name of the property of the | MIDDLE  STATE  MIDDLE  STATE  STATE  STATE  | POSTAL CODE  NAME  POSTAL CODE             | SUFFIX COUNTRY  SUFFIX COUNTRY   |  |  |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  ALABAMA GAS CORPORATION  B. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  605 RICHARD ARRINGTON JR BLVD N   | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATIO  GIGNOR S/P) - insert only one secured party name  FIRST NAME  | on 1g. ORGA e or combine names  MIDDLE  STATE  ON 2g. ORGA  ne (3a or 3b)  MIDDLE   | NAME  POSTAL CODE  ANIZATIONAL ID #, if an | SUFFIX                           |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  B. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  605 RICHARD ARRINGTON JR BLVD N  This FINANCING STATEMENT covers the following collateral:  | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATION SIGNOR S/P) - insert only one secured party name of the property of the | MIDDLE  STATE  MIDDLE  STATE  STATE  STATE  | POSTAL CODE  NAME  POSTAL CODE             | SUFFIX  COUNTRY  SUFFIX  COUNTRY |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS 3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  R 3b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS  605 RICHARD ARRINGTON JR BLVD N  | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATIO  GIGNOR S/P) - insert only one secured party name  FIRST NAME  CITY  BIRMINGHAM  | MIDDLE  STATE  MIDDLE  STATE  STATE  STATE  | POSTAL CODE  NAME  POSTAL CODE             | SUFFIX  COUNTRY  SUFFIX  COUNTRY |  |  |
| ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIgn. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  B. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  605 RICHARD ARRINGTON JR BLVD N  This FINANCING STATEMENT covers the following collateral:  LENOX CONDENSING UNIT  | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATION  GIGNOR S/P) - insert only one secured party name  FIRST NAME  CITY  BIRMINGHAM   | MIDDLE  STATE  MIDDLE  STATE  STATE  STATE  | POSTAL CODE  NAME  POSTAL CODE             | SUFFIX COUNTRY SUFFIX COUNTRY    |  |  |
| ORGANIZATION DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME  R  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG | FIRST NAME  CITY  ON 2f. JURISDICTION OF ORGANIZATION  GIGNOR S/P) - insert only one secured party name  FIRST NAME  CITY  BIRMINGHAM   | MIDDLE  STATE  MIDDLE  STATE  STATE  STATE  | POSTAL CODE  NAME  POSTAL CODE             | SUFFIX COUNTRY SUFFIX COUNTRY    |  |  |

CONSIGNEE/CONSIGNOR

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7, Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]

All Debtors

Debtor 1 Debtor 2

5. ALZERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

|  | <b>A.</b> |
|--|-----------|
|--|-----------|

| UCC FINANCING STATE  |  |          |  |                            |                   |   |                         |  |
|--|--|----------|--|----------------------------|-------------------|---|-------------------------|--|
| 9. NAME OF FIRST DEBTOR (1a or 1   |  | TEMEN    | <u> </u>   |                            |                   |   |                         |  |
| 9a. ORGANIZATION'S NAME  |  |          | <u> </u>   |                            |                   |   |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
| 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME                               | ŀ        | VIDDLE NAME, SUFFIX                                      |                            |                   |   |                         |  |
| MANER  | MICHAEL                                  |          | R  |                            |                   |   |                         |  |
| 10. MISCELLANEOUS:   |  |          |  |                            |                   |   |                         |  |
|  |  |          |  | 201310<br>Shelby<br>10/18/ | 1800041<br>Cnty 3 | 15050 2/2 \$41. Judge of Proba 1:10:17 PM FIL | 65<br>te, AL<br>ED/CERT |  |
| 11. ADDITIONAL DEBTOR'S EXACT F  | FULL LEGAL NAME - insert only one n      | name (11 | a or 11b) - do not abbrev                                | ate or combine name        | es                |   |                         |  |
| 11a. ORGANIZATION'S NAME   | OLL BEOME 147 441E - MOON ONLY ONLY ONLY |          | 201110   |                            | <del> </del>      | <u> </u>                                      |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
| OR 11b. INDIVIDUAL'S LAST NAME   | <del>,</del>                             | FIRST    | NAME   |                            | MIDDLE            | NAME  | SUFFIX                  |  |
|  |  | ]        |  |                            |                   |   |                         |  |
| 11c. MAILING ADDRESS   |  | CITY     |  |                            | STATE             | POSTAL CODE                                   | COUNTRY                 |  |
|  |  |          |  |                            |                   |   |                         |  |
| 11d. SEEINSTRUCTIONS ADD'L INFO F  |  | 11f. JU  | IRISDICTION OF ORGA                                      | NIZATION                   | 11g. OR           | GANIZATIONAL ID#, i                           | f any                   |  |
| Not Applicable DEBTOR  |  | <u> </u> |  | · •                        | <u> </u>          |   | NON                     |  |
| 12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME                                    | TY'S or ASSIGNOR S/P'S                   | NAM      | E - insert only <u>one</u> name                          | (12a or 12b)               | <del></del>       | <u> </u>                                      | <u>.</u>                |  |
| SERVICE EXPERTS/NO   | RRELL                                    | ·        | ···  |                            | T                 |   |                         |  |
| OR 12b. INDIVIDUAL'S LAST NAME   |  | FIRST    | NAME   |                            | MIDDLE            | NAME  | SUFFIX                  |  |
| 48 MANUA A DEDECA  | ······································   | CITY     |  |                            | STATE             | POSTAL CODE                                   | COUNTRY                 |  |
| 12c. MAILING ADDRESS  2524 CONTRACTO CE COLLADA  | E <b>11</b> 7                            | CITY     | NDALE  |                            | AL                | 35210   | US                      |  |
| 2524 COMMERCE SQUARI  13. This FINANCING STATEMENT covers                              | timber to be cut or as-extracted         | -        | Iditional collateral descri                              | ntion:                     | AL                | 33210   | 103                     |  |
| collateral, or is filed as a fixture filing  | ╛  | 10. %    | Iditional conateral descri                               | puon.                      |                   |   |                         |  |
| 14. Description of real estate:  |  |          |  |                            |                   |   |                         |  |
| 112 SPINNAKER LN<br>ALABASTER, AL. 35007-30  | 40                                       |          |  |                            |                   |   |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
| LEGAL DESCRIPTION:<br>LOT 65   |  |          |  |                            |                   |   |                         |  |
| MAP BOOK 07 MAP PAGE   | E 110                                    |          |  |                            |                   |   |                         |  |
| SUBDIVISION PORTSOUT   | TH 3RD SECTOR                            |          |  |                            |                   |   |                         |  |
| PARCEL #13 7 26 2 001 003.   |  |          |  |                            |                   |   |                         |  |
| SHELBY COUNTY, ALABA   | AMA                                      |          |  |                            |                   |   |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
| 45 None and address 4 - DECODD OMNE  | D -6 abaya dagasibad saal aatata         |          |  |                            |                   |   |                         |  |
| 15. Name and address of a RECORD OWNER<br>(if Debtor does not have a record interest): |  |          |  |                            |                   |   |                         |  |
|  |  |          |  |                            |                   |   |                         |  |
|  |  | 17 0     | ook opluis seelisele                                     | d chaola anticana tro      | <u> </u>          |   |                         |  |
|  |  | Debtor   | ieck <u>only</u> if applicable an<br>de a □ Trust or □ T | <del></del>                |                   | roperty held in trust of                      | y Decades to            |  |
|  |  |          | eck <u>only</u> if applicable an                         |                            |                   | ioheith ueig iu tingt (                       | Decedent's Estate       |  |
|  |  |          | btor is a TRANSMITTING                                   | _ <del>_</del>             | <b>.</b> .        |   |                         |  |
|  |  |          | ed in connection with a l                                |                            | Transactio        | n — effective 30 vears                        |                         |  |
|  |  |          |  | Public-Finance Trans       |                   | ·   |                         |  |

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