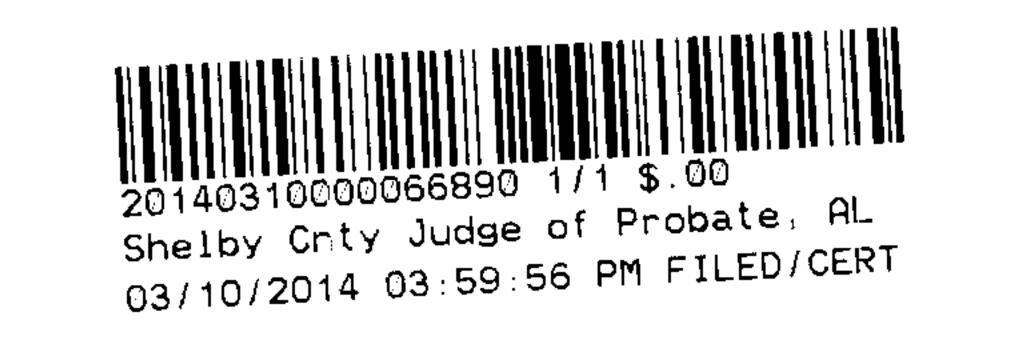
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May D



OLLOW INSTRUCTIONS (front and back) CARE	AMENDMENT		
. NAME & PHONE OF CONTACT AT FILER [option			
CINDY THOMAS 205-326-8299			
. SEND ACKNOWLEDGMENT TO: (Name and A	Address)		
<u></u>			
ALABAMA GAS CO			
000 111 - 1	INGTON JR BLVD N		
BIRMINGHAM, AL	33203		
		THE ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATE	MENT AMENDMENT is
20090507000171220		to be filed [for record] (or REAL ESTATE RECOR	r recorded) in the DS.
TFRMINATION: Effectiveness of the Financing	Statement identified above is terminated with respect to secur		
	ng Statement identified above with respect to security intere		
continued for the additional period provided by app		ot(o) or the observer carry manner.	
ASSIGNMENT (full or partial): Give name of ass	signee in item 7a or 7b and address of assignee in item 7c; ar	d also give name of assignor in item 9.	
		cord. Check only one of these two boxes.	
. AMENDMENT (PARTY INFORMATION): This A		cord. Check only <u>one</u> or these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide CHANGE name and/or address: Give current record		e: Give record name	item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new	address (if address change) in item 7c. to be deleted	in item 6a or 6b. item 7c; also complete	
CURRENT RECORD INFORMATION:		······································	
6a. ORGANIZATION'S NAME			
R Ch. INDIVIDUALIS LAST MANE	TOOT NAME	MIDDLE NAME	TSUFFIX
OD. INDIVIDUAL S LAST NAIVIE	FIRST NAME		SOFFIX
BROWN	JAMES	R	
		MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	INIDDEE NAME	
76. INDIVIDUAL'S LAST NAME			COUNTRY
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 2044 EAGLE POINT CT	CITY BIRMINGHAM	STATE POSTAL CODE AL 35242-4953	US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 2.044 EAGLE POINT CT ADD'L INFO RE 7e. TYPE ORGANIZATION	CITY	STATE POSTAL CODE AL 35242-4953	if any
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 2.044 EAGLE POINT CT ADD'L INFO RE 7e. TYPE ORGANIZATION DEBTOR	CITY BIRMINGHAM PE OF ORGANIZATION 7f. JURISDICTION OF ORGA	STATE POSTAL CODE AL 35242-4953	if any
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 2.044 EAGLE POINT CT ADD'L INFO RE 7e. TYPE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): chec	CITY BIRMINGHAM PE OF ORGANIZATION 7f. JURISDICTION OF ORGA ck only one box.	STATE POSTAL CODE AL 35242-4953 NIZATION 7g. ORGANIZATIONAL ID #,	if any
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