Suddy Go

## LICC FINANCING STATEMENT

OCC LINANCING 2 I A I EMEM I
FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
CINDY THOMAS 205-326-8299
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
ALABAMA GAS CORPORATION
605 RICHARD ARRINGTON JR BLVD N

20140425000121600 1/2 \$46.00
Shelby Cnty Judge of Probate, AL
04/25/2014 10:35:42 AM FILED/CERT

BIRMINGHAM, AL 35203

DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. ORGANIZATION'S NAME	o) - do not abbreviate or combine names	<del></del>			
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
DISMANG	RONALD	L			
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
800 TECUMSEH TRL	PELHAM	AL	35124-1023	US	
SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any		
Not Applicable DEBTOR				NO	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or comb	ine names			
2a. ORGANIZATION'S NAME					
OL INDUVIDUAL IO LACT NIABAT	FIRST NAME	MIDDLE	NAME	SUFFIX	
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	IVIIDULE	INVIAIT	JOHN	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
MAILING ADDRESS		SIAIE	I OSTAL GODE	אואוטטטואואז	
SEE INSTRUCTIONS   ADD'L INFO RE   2e, TYPE OF ORGANIZATION	2f, JURISDICTION OF ORGANIZATION	2a ORG	ANIZATIONAL ID #, if any		
organization organization	ZI. BORGONON ON ONOMINIZATION	2g. 01(0)	THE PERIOR THE ID II, II dity		
				NON	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/I 3a. ORGANIZATION'S NAME	P) - insert only <u>one</u> secured party name (3a or 3b)				
ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
		1	35203		
S RICHARD ARRINGTON IR RIVD N	RIRMINGHAM	<b>AI</b> .		LUS	
	BIRMINGHAM	AL	33203	US	
O5 RICHARD ARRINGTON JR BLVD N  This FINANCING STATEMENT covers the following collateral:  MERICAN STANDARD GAS PACKAGE  1# 4A7A3036E1000A S# 13311S9L3F  1# AUD1B080A9361A S# 140240DP1G  1# 4TXCB036BC3HCB S# 14045TCA5G	BIRMINGHAM	AL	33203	US	
This FINANCING STATEMENT covers the following collateral:  MERICAN STANDARD GAS PACKAGE  1# 4A7A3036E1000A S# 13311S9L3F  1# AUD1B080A9361A S# 140240DP1G  1# 4TXCB036BC3HCB S# 14045TCA5G	BIRMINGHAM	AL	33203	US	
This FINANCING STATEMENT covers the following collateral:  AMERICAN STANDARD GAS PACKAGE  A# 4A7A3036E1000A S# 13311S9L3F  A# AUD1B080A9361A S# 140240DP1G  A# 4TXCB036BC3HCB S# 14045TCA5G  10,000.00					
This FINANCING STATEMENT covers the following collateral:  AMERICAN STANDARD GAS PACKAGE  A# 4A7A3036E1000A S# 13311S9L3F  A# AUD1B080A9361A S# 140240DP1G  A# 4TXCB036BC3HCB S# 14045TCA5G  10,000.00	SIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BL	IYER AG. LIEN	NON-UCC FILIN	

9. N	LOW INSTRUCTIONS (front and b IAME OF FIRST DEBTOR (1a or 1		TATEMENT
	9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	DISMANG	RONALD	$\mathbf{L}$

20140425000121600 2/2 \$46.00 Shalbu Catal Shelby Cnty Judge of Probate, AL

04/25/2014 10:35:42 AM FILED/CERT

## THE ABOVE SPACE IS FOR FILING OFFICE LISE ONLY

INCAD	OVE SPACE	13 FOR FILING OFFI	CE USE UNL 1
name (11a or 11b) - do not abbreviate or combine	names		
· · · · · · · · · · · · · · · · · · ·	•		
FIRST NAME	MIDDLE	NAME	SUFFIX
······································			
CITY	STATE	POSTAL CODE	COUNTRY
11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if a	ıny
· 1	1		NONE
			į į į į į į
S NAME - insert only <u>one</u> name (12a or 12b)			
FIRST NAME	MIDDLE	NAME	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
HOMEWOOD	AT.	35209	US
	1123	00207	
Debtor is a Trust or Trustee acting volume 18. Check only if applicable and check only or Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-H	vith respect to possible box.	n — effective 30 years	Decedent's Estate
	FIRST NAME  CITY  11f. JURISDICTION OF ORGANIZATION  NAME - insert only one name (12a or 12b)  FIRST NAME  CITY  HOMEWOOD  16. Additional collateral description:  17. Check only if applicable and check only or Debtor is a Trust or Trustee acting volume to the control of the c	FIRST NAME    STATE	FIRST NAME  CITY  STATE POSTAL CODE  11f. JURISDICTION OF ORGANIZATION  11g. ORGANIZATIONAL ID #, if a  NAME - insert only one name (12a or 12b)  FIRST NAME  MIDDLE NAME  CITY  HOMEWOOD  16. Additional collateral description:  17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or 18. Check only if applicable and check only one box.