UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	13/10/0
A. NAME & PHONE OF CONTACT AT FILER [optional]	
CINDY THOMAS 205-326-8299	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
ALABAMA GAS CORPORATION	
2101 SIXTH AVENUE NORTH	
BIRMINGHAM, AL 35203	

20140822000264510 1/2 \$38.50 Shelby Cnty Judge of Probate, AL 08/22/2014 11:35:44 AM FILED/CERT

COUNTRY

US

POSTAL CODE

35203

STATE

AL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME 1b. INDIVIDUAL'S LAST NAME FIRST NAME **MELANIE TAYLOR** COUNTRY POSTAL CODE STATE 1c. MAILING ADDRESS US 35124-1533 AL **PELHAM** 413 WILDERNESS RD 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION 1e. TYPE OF ORGANIZATION ADD'L INFO RE 1d. SEE INSTRUCTIONS **ORGANIZATION** NONE Not Applicable DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 2b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY STATE CITY 2c, MAILING ADDRESS 2g. ORGANIZATIONAL ID #, if any ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f, JURISDICTION OF ORGANIZATION 2d. SEE INSTRUCTIONS ORGANIZATION Not Applicable NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a. ORGANIZATION'S NAME **ALABAMA GAS CORPORATION** SUFFIX MIDDLE NAME FIRST NAME 3b. INDIVIDUAL'S LAST NAME

CITY

BIRMINGHAM

4. This FINANCING STATEMENT covers the following collateral:

2101 SIXTH AVENUE NORTH

BRYANT GAS PACKAGE
M# 310AAV04209C S# 1514A20915
M# CNPVT4221ALA S# 1214X33506
M# 113ANA042000 S# 2614E06510

\$5000.00

3c. MAILING ADDRESS

					انجيننين أشريب فيستجيب	
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	or record] (or recorded) i	in the REAL 7. Check to RI [if applicable] [ADDITION.	EQUEST SÉARCH REPO AL FEET	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
R OPTIONAL FILER REFERENCE DATA						

_	C FINANCING STATE		M				
	LOW INSTRUCTIONS (front and ba		CTATEMENT				
9. N	JAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING	STATEIVIENT				
	9a. ORGANIZATION S NAME						
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
	TAYLOR	MELANIE	H				
10,	MISCELLANEOUS:						
				She	140822000 elby Cnty	264510 2/2 \$38. Judge of Proba 11:35:44 AM FIL	.50 ate. Al
				THE ABO	OVE SPACE	S FOR FILING OFF	ICE USE ON
11.	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only	one name (11a or 11b) - do not abbrevia	te or combine n	names		
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE	NAME	SUFFIX
11c	MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY	· 	STATE	POSTAL CODE	COUN

	IHE	ABOVE SPACE	S FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name of the control of the contr	ame (11a or 11b) - do not abbreviate or comb	ine names			
11a. ORGANIZATION'S NAME		<u> </u>			
OR # 18 N # 18 L A STANATE	TEIDOT NAME	IMIDDI E	NIANE	SUFFIX	
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	INAME	JOURNA	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
		j			
THE RESERVE OF SECTION	444 UDICOLOTION OF ODC ANIZATION	111- 000	CANIZATIONAL ID# if a	P14	
11d. SEEINSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	jing. Okt	SANIZATIONAL ID#, if a	''y	
Not Applicable DEBTOR L				NONE	
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)				
12a. ORGANIZATION'S NAME					
KS SERVICES	Terror Marie	TAMODIE	NI A B A C	CUETIV	
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
609 COUNTY RD 1251	VINEMONT	AL	35179	US	
		1122			
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral description:				
collateral, or is filed as a fixture filing.					
14. Description of real estate:					
413 WILDERNESS RD					
PELHAM, AL 35124-1533					
I ELIIANI, AL JULET-1000					
T DO AT DECODIDEION					
LEGAL DESCRIPTION					
CAHABA VLY EST 1ST SECT LOT 25 BLK 1 S12					
T20S R3W EXCEPT N 22' DB 327 PG 892 8/8/80 DD					
113.74'S130.33' IRR DB 346 P 32 3/24/83 RB 68 PG					
951 4/17/76 RB 214 PG 157 11/14/88					
PARCEL # 13 1 12 2 001 022.000					
SHELBY COUNTY, ALABAMA					
15. Name and address of a RECORD OWNER of above-described real estate					
(if Debtor does not have a record interest):	}				
	17. Check only if applicable and check only	y one box.			
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate				
	18. Check only if applicable and check only				
		L OHO DOX.			
	Debtor is a TRANSMITTING UTILITY				
	Filed in connection with a Manufacture	d-Home Transactio	n — effective 30 years		
	Filed in connection with a Public-Finan				