

CC FINANCING STATEMENT AMENDMEN LLOW INSTRUCTIONS (front and back) CAREFULLY					
NAME & PHONE OF CONTACT AT FILER [optional]					
INDY THOMAS 205-326-8299					
SEND ACKNOWLEDGMENT TO: (Name and Address)					12 416
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ALABAMA GAS CORPORATION				40 1/1 \$.00 lge of Probate, F	AL.
2101 6TH AVE NORTH		Shelby Chi	(y Juu 4 10:0	137 AM FILED/CE	ERT
BIRMINGHAM, AL 35203		09/12/2019	, ,		
Direction					
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		THE ABOVE SPA		OR FILING OFFICE U	
INITIAL FINANCING STATEMENT FILE #			tc tc	be filed [for record] (or re	ecorded) in the
20121022000403930	· · · · · · · · · · · · · · · · · · ·	a convrity interact/s) of the S		EAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is	is terminated with respect to	security interest(s) of the Secured	Porty ou	therizing this Continuation	Statement is
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security	interest(s) of the Secured	raity au	REPORTED THIS CONTINUATION	Otatement 13
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and					······································
		ty of record. Check only on	e of thes	se two boxes.	
Also check one of the following three boxes and provide appropriate information in it		TT Cive record name		ADD name: Complete iten	n 7a or 7 h, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c. to be	TE name: Give record name deleted in item 6a or 6b.		item 7c; also complete iter	ns 7d-7g (if applicable
CURRENT RECORD INFORMATION:		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
6a. ORGANIZATION'S NAME					
		<u> </u>	MIDDI	E NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME				
POOLE	VIRGINIA		BE	LLIOTT	
CHANGED (NEW) OR ADDED INFORMATION:		<u> </u>			······································
7a. ORGANIZATION'S NAME					
R - WEST VOLLANT	JEIDOT NIANAE	<u></u>	MIDDI	LE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME				
	CITY	<u></u>	STAT	E POSTAL CODE	COUNTRY
C. MAILING ADDRESS	PELHAM		AL	35080-8615	US
455 RIVER OAKS LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION		RGANIZATIONAL ID#, if a	
ORGANIZATION '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		····			NO
Describe collateral deleted or added, or give entire restated collate					
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT (name of as	signor, if this is an Assignme and enter name of DEE	ent). If thi	is is an Amendment authori uthorizing this Amendment.	ized by a Debtor which
	MENDMENT (name of as	signor, if this is an Assignme and enter name of DEE	ent). If thi	is is an Amendment authori uthorizing this Amendment.	ized by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of as	signor, if this is an Assignme and enter name of DEE	ent). If thi	is is an Amendment authori uthorizing this Amendment.	ized by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	MENDMENT (name of as	signor, if this is an Assignme and enter name of DEE	STOR au	is is an Amendment authori uthorizing this Amendment.	ized by a Debtor which