

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299					
B. E-MAIL CONTACT AT FILER (optional)	<u>-</u>				
cindy.thomas@energen.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	······································	**************************************	HIII II		
				1/2 \$38.50 of Probate, AL	
	T	2014092500	00300890	of Probate, AL	
ALABAMA GAS CORPORATION		Shelby Cn	ty Juage * 44.01:	of Probate, AL 14 AM FILED/CERT	
2101 6TH AVE NORTH		09/25/201	4 11.0.		
BIRMINGHAM, AL 35203					
		THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use					
name will not fit in line 1b, leave all of item 1 blank, check here	nd provide the Individual Debtor info	ormation in item 10 of the F	Financing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME					
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
WILLIAMSON	MICHAEL		S		
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
609 SHELBY FOREST TRL	CHELSEA		AL	35043-5526	US
DEDTODIC MAME By the set one Debter sema (2s es 2h) (was	event full neme; de net emit medi:	for approxiate any part of	of the Debtor	's name): if any part of the li	ndividual Debtor
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here all all parts.	nd provide the Individual Debtor info				
2a. ORGANIZATION'S NAME	·				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY): Provide	only one Secured Party na	me (3a or 3b	3)	
3a. ORGANIZATION'S NAME	TOR OLOGINED I AINTY, I TOUIGO	Siny <u>one</u> Coodica i dity na	1110 (00 0) 01	<u></u>	
ALABAMA GAS CORPORATION					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ONAL NAME A		ADDITIONAL NAME(S)/INITIAL(S)	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2101 6TH AVE NORTH	BIRMING	HAM	AL	35203	US
. COLLATERAL: This financing statement covers the following collate	ral:	· · · · · · · · · · · · · · · · · · ·			'
AMANA GAS PACKAGE					
M# ASX130361 S# 1406394398					
M# AMH80603AX S# 1405112740					
M# CHPF3636B6 S# 1406224277					
~=~~					
\$5000.00					
	<u>.</u>	- <u></u>			
	in a Trust (see UCC1Ad, item 17 a			red by a Decedent's Person	
a. Check <u>only</u> if applicable and check <u>only</u> one box:				if applicable and check <u>only</u>	
Public-Finance Transaction Manufactured-Home Trans	action A Debtor is a Tra	nsmitting Utility	Agricul	tural Lien Non-UCC	Filing
'. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor Lice	nsee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

		20140925000300890 2/2 \$38.50 20140925000300890 0 2/2 \$38.50 Shelby Cnty Judge of Probate, AL 09/25/2014 11:01:14 AM FILED/CERT		
S DEBTOR'S NAME: Provide (10a or 10b) only one additional Education on the document of the Debtor's name) and the document of the Debtor's name	ebtor name or Debtor name that did not fit in line 1		S FOR FILING OFFICE tatement (Form UCC1) (use	<u> </u>
10a. ORGANIZATION'S NAME				<u> </u>
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
MAILING ADDRESS 30 20TH ST N	CITY BESSEMER	STATE	POSTAL CODE 35020	COUNTE
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				