	36					
ICC FINANCING STATEMENT OLLOW INSTRUCTIONS	447					
NAME & PHONE OF CONTACT AT FILER (optional)  CINDY THOMAS 205-326-8299						
B. E-MAIL CONTACT AT FILER (optional)						
cindy.thomas@alagasco.com						
SEND ACKNOWLEDGMENT TO: (Name and Address)	<del> </del>		2015061500	00198830 1/2 \$42.2		
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203			96/15/2015	Judge of Probat 10:57:34 AM FILE	e, AL D/CERT	
DIMINITANI, AL 33203						
				R FILING OFFICE USE		
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, f name will not fit in line 1b, leave all of item 1 blank, check here —— and provi	full name; do not omit, modify ide the Individual Debtor info					
1a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·			
R				NIAL MINERTON MENTINE	SUFFIX	
16. INDIVIDUAL'S SURNAME  JONES	DEREK	ИE	S	ADDITIONAL NAME(S)/INITIAL(S)  S		
MAILING ADDRESS	CITY	IIA	STATE POSTAL CODE		COUNTR	
1320 HIGHLAND ST	MONTEVA	LLU	AL	35115-3570	US	
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ИE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
R 2b. INDIVIDUAL'S SURNAME		<b>VIE</b>				
D L	FIRST PERSONAL NAI	VIE.	ADDITIO	NAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX	
2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY		STATE	POSTAL CODE		
2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME	CITY		STATE	POSTAL CODE		
2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CITY	nly <u>one</u> Secured P	STATE arty name (3a or 3b	POSTAL CODE		
2b. INDIVIDUAL'S SURNAME  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S SURNAME	CITY  CURED PARTY): Provide o	nly <u>one</u> Secured P	STATE arty name (3a or 3b	POSTAL CODE	SUFFIX	
2b. INDIVIDUAL'S SURNAME  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  2101 6TH AVE NORTH  COLLATERAL: This financing statement covers the following collateral:	CITY  CURED PARTY): Provide of the p	nly <u>one</u> Secured P	arty name (3a or 3b	POSTAL CODE  NAL NAME(S)/INITIAL(S)	COUNTR	
2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  2101 6TH AVE NORTH  COLLATERAL: This financing statement covers the following collateral: HEIL GAS PACKAGE  M# N8MSN0701412A3 S# A151115706  M# N4A336AKB300 S# E145011680  M# END4X36L17A1 S# X150754828	CITY  CURED PARTY): Provide of the control of the c	nly <u>one</u> Secured P	arty name (3a or 3b	POSTAL CODE  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTR	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  2101 6TH AVE NORTH  COLLATERAL: This financing statement covers the following collateral: HEIL GAS PACKAGE  M# N8MSN0701412A3 S# A151115706  M# N4A336AKB300 S# E145011680  M# END4X36L17A1 S# X150754828  Check only if applicable and check only one box: Collateral is held in a True.	CITY  CURED PARTY): Provide of the control of the c	nly one Secured P	arty name (3a or 3b  ADDITIO  STATE  AL  being administe	POSTAL CODE  NAL NAME(S)/INITIAL(S)  POSTAL CODE  35203	SUFFIX COUNTR US	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE  3a. ORGANIZATION'S NAME  ALABAMA GAS CORPORATION  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  2101 6TH AVE NORTH  COLLATERAL: This financing statement covers the following collateral: HEIL GAS PACKAGE  M# N8MSN0701412A3 S# A151115706  M# N4A336AKB300 S# E145011680  M# END4X36L17A1 S# X150754828	FIRST PERSONAL NAME OF THE PER	nly one Secured P	arty name (3a or 3b  ADDITIO  STATE  AL  being administe  6b. Check only i	POSTAL CODE  35203	SUFFIX COUNTR US	

## UCC FINANCING STATEMENT ADDENDUM

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME		2015	0615000198830	2/2	\$42 25	
JONES FIRST PERSONAL NAME		Shel	by Cnty Judge 5/2015 10:57:3	of F	Probate, AL	
DEREK		]	J/2013 10:5/:	34 HI	1 FILED/CERI	
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
S  DEBTOR'S NAME: Provide (10a or 10b) only one ac	dditional Debtor name or De	ebtor name that did not fit in line			atement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of the Debtor						
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME	<u> </u>					
INDIVIDUAL'S FIRST PERSONAL NAME					<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS		ITY	ST	ATE	POSTAL CODE	COUNT
		O SECUDED DADTVIS A	AAME: Denvide ander	000 555	ne (11a oc 11h)	
ADDITIONAL SECURED PARTY'S NAME  11a. ORGANIZATION'S NAME	or ASSIGNOR	R SECURED PARTY'S	NAME: Provide only	one nar	ne (11a or 11b)	
PERFECT SERVICE						loues v
11b. INDIVIDUAL'S SURNAME	F	IRST PERSONAL NAME	AD	DOITION	NAL NAME(S)/INITIAL(S)	SUFFIX
		ITY		_	POSTAL CODE 35210	COUNT
		RIRMINGHAM	I A			
MAILING ADDRESS  865 OLD LEEDS RD  ADDITIONAL SPACE FOR ITEM 4 (Collateral):		BIRMINGHAM	A	L		
865 OLD LEEDS RD		BIRMINGHAM				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for reco		4. This FINANCING STATEME	NT:			
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for reconced real estate records (if applicable)	ord] (or recorded) in the		NT:			
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for recent of real estate needed and address of a RECORD OWNER of real estate records.	ord] (or recorded) in the described in item 16	4. This FINANCING STATEME  covers timber to be cut	NT: covers as-extra	acted c	ollateral is filed as a	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for reco	ord] (or recorded) in the described in item 16	4. This FINANCING STATEME covers timber to be cut 6. Description of real estate: 1320 HIGHLAND S'	NT:    covers as-extra	acted c	ollateral is filed as a	
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