. NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299 . E-MAIL CONTACT AT FILER (optional) cindy.thomas@alagasco.com . SEND ACKNOWLEDGMENT TO: (Name and Address)		20150615000198840 1/2 \$37.00 20150615000198840 1/2 \$37.00 Shelby Cnty Judge of Probate, AL 06/15/2015 10:57:35 AM FILED/CERT			
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and prov	full name; do not omit, modify, or abbrevi	ate any part of the Debto	r's name); if any part of the l	ndividual Deb	
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME LOCHAMY	FIRST PERSONAL NAME MELISSA	K	NAL NAME(S)/INITIAL(S)		
MAILING ADDRESS 805 TRAILRIDGE DR	PELHAM	STATE	35124	COUNTR	
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO	POSTAL CODE	SUFFIX	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SET 1981) 3a. ORGANIZATION'S NAME	ECURED PARTY): Provide only <u>one</u> Sec	ured Party name (3a or 3	b)		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR	
COLLATERAL: This financing statement covers the following collateral: GOODMAN CONDENSER AND COIL M# GSX130361 S# 1410004086 M# CAPF3636A6 S# 1503046777					
3955.00					
3955.00					
3955.00					
Check only if applicable and check only one box: Collateral is held in a Trans. Check only if applicable and check only one box:	rust (see UCC1Ad, item 17 and Instruction		ered by a Decedent's Person if applicable and check <u>only</u>		

UCC FINANCING STATEMENT ADDENDUM

pecause Individual Debtor name did not fit, check here	line 1b was left blank			
9a. ORGANIZATION'S NAME				n 1 2 2 51
······································		2015061500019 Shelby Cnty		
			2840 2/2 \$37.00	
9b. INDIVIDUAL'S SURNAME		2015061500013 Shelby Chty	Judge of Probate	, HL /CERT
LOCHAMY		06/15/2015 1	Judge of Probate 0:57:35 AM FILED	
FIRST PERSONAL NAME MELISSA				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
K		THE ABOVE SPACE	IS FOR FILING OFFIC	CE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Debtor name that did not fit in lin			
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma	ailing address in line 10c			
10a. ORGANIZATION'S NAME				
10Ь. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
11b. INDIVIDUAL'S SURNAME		1		
MAILING ADDRESS	CITY RESSEMED	STATE	POSTAL CODE	
MAILING ADDRESS 30 20TH ST N	BESSEMER	STATE	POSTAL CODE 35020	COUNTI
MAILING ADDRESS 30 20TH ST N		1		
MAILING ADDRESS 30 20TH ST N ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the		AL		
MAILING ADDRESS 30 20TH ST N ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	BESSEMER 14. This FINANCING STATEME covers timber to be cut	AL NT:	35020	US
MAILING ADDRESS 30 20TH ST N ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	14. This FINANCING STATEME covers timber to be cut 16. Description of real estate:	AL NT: covers as-extracted	collateral is filed a	US
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