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)		2015061500019	98850 1/2 \$38.50 Judge of Probate,	
ALABAMA GAS CORPORATIO 2101 6TH AVE NORTH BIRMINGHAM, AL	N		9:57:36 AM FILED/C	
			R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in item FIRST PERSONAL NAME	10 of the Financing St		
NICHOLLS MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
59 STONEHAVEN DR	PELHAM	AL	35124-3912	US
SECURED PARTY'S NAME (or NAME of ASSIGNEE		d Party name (3a or 3l	3)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTR
MAILING ADDRESS	I WATEN B STRICK WW A B S	AL	35203	US
MAILING ADDRESS 2101 6TH AVE NORTH COLLATERAL: This financing statement covers the following of the control of		i		

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME				 	
				11 111	
		-00019	8850 2/2 \$38.50 probate:	AL	
9b. INDIVIDUAL'S SURNAME		20150615000 Chalby Cnty	udge of FILED!	CERI	
NICHOLLS		06/15/2015	y:51.44		
FIRST PERSONAL NAME					
ELAINE ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
P		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
). DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional				<u>'</u>	
do not omit, modify, or abbreviate any part of the Debtor's name)	and enter the mailing address in line 10c				
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
INDIVIDUAL'S FIRST PERSONAL NAME					
AND WOLLAND ADDITIONAL MARKETONIALION	, <u>-</u>			SUFFIX	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT	
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAME:	. Provide only <u>one</u> na	airre (11a OI 11b)		
TOTAL COMFORT HEATING A	ND AIR				
TOTAL COMFORT HEATING A	ND AIR FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME				
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL NAME CITY	STATE	POSTAL CODE	COUNTR	
TOTAL COMFORT HEATING A	FIRST PERSONAL NAME				
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS 30 OXMOOR CIR, STE 1101	FIRST PERSONAL NAME CITY	STATE	POSTAL CODE	COUNT	
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS 30 OXMOOR CIR, STE 1101 ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY BIRMINGHAM recorded) in the 14. This FINANCING STATEMENT:	STATE	POSTAL CODE 35209	US	
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS 30 OXMOOR CIR, STE 1101 ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe	CITY BIRMINGHAM recorded) in the 14. This FINANCING STATEMENT:	STATE	POSTAL CODE 35209	US	
TOTAL COMFORT HEATING A 11b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 30 OXMOOR CIR, STE 1101 ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY BIRMINGHAM recorded) in the 14. This FINANCING STATEMENT:	STATE AL	postal code 35209 collateral is filed as	US	