

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>CINDY THOMAS 205-326-8299</b>
B. E-MAIL CONTACT AT FILER (optional) <b>cindy.thomas@alagasco.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203</b>

20150824000293210 1/2 \$44.35  
Shelby Cnty Judge of Probate, AL  
08/24/2015 11:40:46 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME <b>HEADLEY</b>	FIRST PERSONAL NAME <b>MICHAEL</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>L</b>	SUFFIX
1c. MAILING ADDRESS <b>604 MOUNTAIN CREST RD</b>	CITY <b>CHELSEA</b>	STATE <b>AL</b>	POSTAL CODE <b>35043-3040</b>	COUNTRY <b>US</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>ALABAMA GAS CORPORATION</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>2101 6TH AVE NORTH</b>	CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	POSTAL CODE <b>35203</b>	COUNTRY <b>US</b>

4. COLLATERAL: This financing statement covers the following collateral:

**LENNOX GAS PACKAGE  
M# 13GEP48100ALP-3  
S# 1614G10808**

**\$8900.00**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM
FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here [ ]
9a. ORGANIZATION'S NAME
OR
9b. INDIVIDUAL'S SURNAME
HEADLEY
FIRST PERSONAL NAME
MICHAEL
ADDITIONAL NAME(S)/INITIAL(S)
L
SUFFIX

Barcode and filing information: 20150824000293210 2/2 \$44.35, Shelby Cnty Judge of Probate, AL, 08/24/2015 11:40:46 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; 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
OR
10b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
10c. MAILING ADDRESS
CITY
STATE
POSTAL CODE
COUNTRY

11. [ ] ADDITIONAL SECURED PARTY'S NAME or [X] ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)
11a. ORGANIZATION'S NAME
METRO MECHANICAL
OR
11b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
11c. MAILING ADDRESS
604 MOUNTAIN CREST RD
CITY
CHELSEA
STATE
AL
POSTAL CODE
35043-3040
COUNTRY
US

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. [X] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)
14. This FINANCING STATEMENT:
[ ] covers timber to be cut [ ] covers as-extracted collateral [X] is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):
16. Description of real estate:
604 MOUNTAIN CREST RD CHELSEA, AL 35043-3040
LEGAL DESCRIPTION
COM NE COR SE1/4 SW1/4 W443.61 SLY374.96 TO POB; CONT SLY235.76 E329.94 NW238.68 W251.30 TO POB
PARCEL # 09 9 29 0 001 025.001
SHELBY COUNTY, ALABAMA

17. MISCELLANEOUS: