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	Selly	3,99/
UCC FINANCING STATEMENT		4. By

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299	
B. E-MAIL CONTACT AT FILER (optional)	
cindy.thomas@alagasco.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide	name; do not omit, the Individual Debt
1a. ORGANIZATION'S NAME	

20150824000293230 1/2 \$34.75 20150824000293230 1/2 \$34.75 Shelby Cnty Judge of Probate, AL 08/24/2015 11:40:48 AM FILED/CERT

1a. ORGANIZATION'S NAME	TUDOT DEDCONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1b. INDIVIDUAL'S SURNAME JUST	FIRST PERSONAL NAME TAMARA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
140 LAUCHLIN LN	PELHAM	AL	35124-6233	US
DEBTOR'S NAME: Provide only one Debtor name (2a or	2b) (use exact, full name; do not omit, modify, or abbreviate and and provide the Individual Debtor information in item 10	y part of the Debtor	's name); if any part of the Ir atement Addendum (Form U	ndividual Debi (CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the individual Debtor information in terms.			
Za. ORGANIZATION S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
		STATE	POSTAL CODE	COUNTR
. MAILING ADDRESS	CITY		TOOTAL OODL	
	* * OCIONOD CECURED DARTY): Provide only one Secured P	Party name (3a or 3)	<u> </u>
	NEASSIGNIOR SECTIRED PARTY). Provide only one Seculeu F	alty hanne (Sa or Sa	<u> </u>	<u></u>
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3a. ORGANIZATION'S NAME				<u>.</u>
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATI			NAL NAME(S)/INITIAL(S)	SUFFIX
ALABAMA GAS CORPORATI	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATI 3b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL NAME CITY	ADDITIO	<u> </u>	SUFFIX
ALABAMA GAS CORPORATI B. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 2101 6TH AVE NORTH C. COLLATERAL: This financing statement covers the following the company of the content of the con	FIRST PERSONAL NAME CITY BIRMINGHAM and collateral: R AND COIL	ADDITIC	NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTR
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3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATI 3b. INDIVIDUAL'S SURNAME 2. MAILING ADDRESS 2101 6TH AVE NORTH COLLATERAL: This financing statement covers the following american standard condenses M# 4A7A4030L1000A S# 15213XWG31 M# 4PXCBD36AC3HDA S# 15092305C \$2500.00	FIRST PERSONAL NAME CITY BIRMINGHAM Ing collateral: R AND COIL F CG	STATE	POSTAL CODE 35203	COUNTR
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATI 3b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 2101 6TH AVE NORTH COLLATERAL: This financing statement covers the following AMERICAN STANDARD CONDENSER M# 4A7A4030L1000A S# 15213XWG31 M# 4PXCBD36AC3HDA S# 15092305C \$2500.00 \$2500.00 Check only if applicable and check only one box: Collateral is	FIRST PERSONAL NAME CITY BIRMINGHAM Ing collateral: R AND COIL F CG	STATE AL being administ	POSTAL CODE 35203	nal Represen
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATI	FIRST PERSONAL NAME CITY BIRMINGHAM Ing collateral: R AND COIL F CG In held in a Trust (see UCC1Ad, item 17 and Instructions)	STATE AL being administ 6b. Check only	POSTAL CODE 35203	nal Represent one box:

UCC FINANCING STATEMENT ADDENDUM

ecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				
		20150824000 Shelby Cnty		
9b. INDIVIDUAL'S SURNAME		00150824000	293230 2/2 \$34.	75 te, AL
JUST	· · · · · · · · · · · · · · · · · · ·	Shelby Chty	293230 2/2 \$34 Judge of Proba 11:40:48 AM FIL	ED/CERT
FIRST PERSONAL NAME TAMARA		08/24/2015	11,74	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	S FOR FILING OFFI	CE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nan do not omit, modify, or abbreviate any part of the Debtor's name) and enter t	ne or Debtor name that did not fit in lir the mailing address in line 10c	e 1b or 2b of the Financing S	tatement (Form UCC1)	(use exact, full n
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
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	CITY IRONDALE	STATE	POSTAL CODE 35210	COUNT
MAILING ADDRESS 225 RUFFNER RD ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in	IRONDALE	AL	35210	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	n the 14. This FINANCING STATEM covers timber to be cu	AL ENT:	35210	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in	n the 14. This FINANCING STATEM covers timber to be cu	ENT: t covers as-extracted	35210 collateral is filed	as a fixture filin