the lity	26.4			
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JCC FINANCING STATEMENT OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
CINDY THOMAS 205-326-8299  B. E-MAIL CONTACT AT FILER (optional)	<del></del>			
cindy.thomas@alagasco.com	· · · · · · · · · · · · · · · · · · ·			
SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA GAS CORPORATION		201508240002932	ge of Probate, AL 0:54 AM FILED/CERT	
2101 6TH AVE NORTH		08/24/2015 11:4	ge of Probate, .0:54 AM FILED/CERT	
BIRMINGHAM, AL 35203	į			
			S FOR FILING OFFICE USE	
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 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 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		odify, or abbreviate any part of the tone of the formation in item 10 of the Financial controls.		
1a. ORGANIZATION'S NAME			<u> </u>	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
REYNOLDS	ROBERT	H		COUNTRY
MAILING ADDRESS 18 SOUTHVIEW DR	BIRMING	1	L 35244-6743	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	t, full name; do not omit, m	odify, or abbreviate any part of the [	Debtor's name); if any part of the I	ndividual Debto
	ovide the Individual Debtor	information in item 10 of the Financ	ing Statement Addendum (Form t	JCC1Ad)
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NA <b>M</b> E AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
MANUANC ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
MAILING ADDRESS				
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provi	de only <u>one</u> Secured Party name (3a	or 3b)	
3a. ORGANIZATION'S NAME ALABAMA GAS CORPORATION				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
*****	CITY	ST	ATE POSTAL CODE	COUNTRY
MAILING ADDRESS 2101 6TH AVE NORTH	BIRMINO			US
COLLATERAL: This financing statement covers the following collateral: LENNOX CONDENSER AND COIL M# 13ACX042230 S# 1914L14912 M# C3343132F S# 6015B45036				
' <del></del>				
Check only if applicable and check only one box: Collateral is held in a	Trust (see UCC1Ad, item 1	7 and Instructions) being adm	ninistered by a Decedent's Person	nal Representat
a. Check only if applicable and check only one box:		6b, Check	only if applicable and check only	one box:

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1A	I, item 17 and Instructions)	being administered by a Dec	edent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable a	nd check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Del	tor is a Transmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/C	onsignor Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			

## UCC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	ent; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
9a. ORGANIZATION S NAME						
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9b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·					
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FIRST PERSONAL NAME					30 2/2 \$39.55 ge of Probate	
ROBERT					0:54 AM FILED	'
ADDITIONAL NAME(S)/INITIAL(S)	SUFFI	×				
H			THE ABOVE SPA		······································	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter			tb or 2b of the Finan	cing S	tatement (Form UCC	C1) (use exact, ful
10a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	<del></del>		<del> </del>	······································
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10b. INDIVIDUAL'S SURNAME	<u> </u>	· · · · · · · · · · · · · · · · · · ·				<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME				······································		······································
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFI
					IDOOTAL CODE	00111
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ADDITIONAL SECURED PARTY'S NAME or ASS			<del></del>			· <del>-</del> ·
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