CC FINANCING STATEMENT OLLOW INSTRUCTIONS	0.50			
NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299	Sh	15082400029410 elby Cnty Jude	ge of Probate: AL 2:49 PM FILED/CERT	
. E-MAIL CONTACT AT FILER (optional)		/24/2015 01:24	2:43 PH TEED/	
cindy.thomas@alagasco.com SEND ACKNOWLEDGMENT TO: (Name and Address)				
. SEND ACKNOVVLEDGIVIENT TO. (Name and Address)				
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	ON			
			R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (un name will not fit in line 1b, leave all of item 1 blank, check here	use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	any part of the Debtor 10 of the Financing St	r's name); if any part of the In atement Addendum (Form UC	dividual Debt CC1Ad)
1a. ORGANIZATION'S NAME				
2	CIDOT DEDOONAL NAME	IADDITIO	NIAL NIAME/CV/INITIAL/CV	SUFFIX
1b. INDIVIDUAL'S SURNAME RYKSE	FIRST PERSONAL NAME NICHOLAS	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
194 FOOTHILLS PKWY	CHELSEA	AL	35043-8188	US
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS 3a. ORGANIZATION'S NAME		d Party name (3a or 3	b)	
ALABAMA GAS CORPORATION		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
` 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
2101 6TH AVE NORTH	BIRMINGHAM	AL	35203	03
COLLATERAL: This financing statement covers the following collamber of the control of the contro				

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financial because Individual Debtor name did not fit, check here	ng Statement; if line	1b was left blank			
9a. ORGANIZATION'S NAME			20150824000294100 2/2 \$41.50 Shelby Cnty Judge of Probate: AL 08/24/2015 01:22:49 PM FILED/CERT		
R OF THERMAN					
RYKSE		<u> </u>			
NICHOLAS					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name)			1b or 2b of the Financir	g Statement (Form UCC1)	(use exact, full na
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CIT	Y	STAT	E POSTAL CODE	COUNTR
TOTAL COMFORT 11b. INDIVIDUAL'S SURNAME	FIR	ST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL	(S) SUFFIX
11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 2225 RUFFNER RD	CIT		ADDI STAT A I		
p	CIT	Υ	STAT	E POSTAL CODE	COUNTR
11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 225 RUFFNER RD	CIT	Υ	STAT AI	E POSTAL CODE 35210	US
This FINANCING STATEMENT is to be filed [for record] (or record]	recorded) in the 14	PONDALE This FINANCING STATEMEN	STAT AI	E POSTAL CODE 35210 ed collateral is filed	COUNTR US