


UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

*Shelby 300
8.85
39.85*

| |
|---|
| 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 |



20151027000374230 1/2 \$39.85
Shelby Cnty Judge of Probate, AL
10/27/2015 12:45:22 PM 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 OLIVER | | FIRST PERSONAL NAME WILLIAM | ADDITIONAL NAME(S)/INITIAL(S) E | SUFFIX | |
| 1c. MAILING ADDRESS 2580 WILLOWBROOK CIR | | | CITY BIRMINGHAM | STATE AL | POSTAL CODE 35242-3440 | COUNTRY US |

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

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

BRYANT GAS PACKAGE
M# 310AAV036070 S# 2915A23486
M# 114CNA036000 S# 2915E15243
M# CAPMP3614ALA S# 2115X16246

\$5840.00


| | |
|---|--|
| 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 | |
| OLIVER | |
| FIRST PERSONAL NAME | |
| WILLIAM | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| E | |


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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 ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | | |
|------------------------------|---------------------|-------------------------------|--------------|-----------|
| 11a. ORGANIZATION'S NAME | | | | |
| KS SERVICE | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 6348 LETSON FARMS TRL | BESSEMER | AL | 35022 | US |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. 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 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:
2580 WILLOWBROOK CIR BIRMINGHAM, AL 35242-3440

LEGAL DESCRIPTION
LOT 36 WILLOWBROOK
MAP BOOK 11 MAP PAGE 048
PARCEL # 10 5 15 0 005 036.000
SHELBY COUNTY, ALABAMA

17. MISCELLANEOUS: