NAME & PHONE OF CONTACT AT FILER (optional)				
CINDY THOMAS 205-326-8299		<b>#   #  </b>		
E-MAIL CONTACT AT FILER (optional) cindy.thomas@alagasco.com				
SEND ACKNOWLEDGMENT TO: (Name and Address	411010	1 OHLY JUMBA	1/2 \$41.20 of Probate, AL	
		/2016 12:57	29 PM FILED/CERT	
ALABAMA GAS CORPORAT 2101 6TH AVE NORTH	ION			
BIRMINGHAM, AL 35203				
	THE ABOV	'E SPACE IS FO	R FILING OFFICE USE	DNLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1)	b) (use exact, full name; do not omit, modify, or abbreviate any	y part of the Debtor	's name); if any part of the In	dividual De
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item 10 o	of the Financing St	atement Addendum (Form UC	CC1Ad)
1a. ORGANIZATION'S NAME			  -  -	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S/INITIAL(S)  JAMES		SUFFIX
BRAY MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
004 EAGLE LAKE CIR	BIRMINGHAM	AL	35242+6935	US
SECURED PARTY'S NAME (or NAME of ASSIGNEE			POSTAL CODE POSTAL CODE 35203	COUNT
COLLATERAL: This financing statement covers the following RHEEM GAS PACKAGE  ###################################	4 4936			

## UCC FINANCING STATEMENT ADDENDUM

9b. INDIVIDUAL'S SURNAME				
BRAY FIRST PERSONAL NAME		20160309000076 Shelby Cnty Ju	600 2/2 \$41.20	AL
NATHANIEL		Shelby Chty Ju 03/09/2016 12	57:29 PM FILED/	CERT
ADDITIONAL NAME(S)/INITIAL(S)  JAMES	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na	ame or Debtor name that did not fit in li		Statement (Form UCC1) (	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME	r the mailing address in line 10c	<del></del>	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>
TOB. ORGANIZATION S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			···	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u></u>	· · · · · · · · · · · · · · · · · · ·		SUFFIX
			<u> </u>	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURED PARTY'S	NAME: Provide only one r	ame (11a or 1th)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S	<u></u>
<u></u>	OTY	STATE	POSTAL CODE	
MAILING ADDRESS 111 TOWHEE DR	PINSON	STATE	35126	US
MAILING ADDRESS  111 TOWHEE DR  ADDITIONAL SPACE FOR ITEM 4 (Collateral):		1	· •	
111 TOWHEE DR	in the 14. This FINANCING STATEN	ENT:	35126	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item	in the 14. This FINANCING STATEM  covers timber to be co	ENT:	35126	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item	in the 14. This FINANCING STATEM  covers timber to be co	ENT:  It covers as-extracted	collateral is filed a	s a fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14. This FINANCING STATEN Covers timber to be counted 16. Description of real estate:	ENT:    covers as-extracted     E CIR BIRMING    TION     POINT 7TH SECT     AP PAGE 115     DEED PAGE 052     0 005 072.000	collateral is filed at the second of the sec	s a fixture filing