NAME & PHONE OF CONTACT AT FILER (optional) CINDY THOMAS 205-326-8299 E-MAIL CONTACT AT FILER (optional) cindy.thomas@alagasco.com SEND ACKNOWLEDGMENT TO: (Name and Address)	20160	2016030900076860 1/2 \$33.85			
ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203	Shelb 03/09	y Cnty Judge 1/2016 01:38:2	of Probate, AL 2 PM FILED/CERT R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here are	exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item 1	any part of the Debtor 0 of the Financing Sta	's name); if any part of the Ir atement Addendum (Form U	ndividual Deb CC1Ad)	
1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME SNOW	FIRST PERSONAL NAME RAY	ļ	ADDITIONAL NAME(S)/INITIAL(S) EDWARD		
MAILING ADDRESS 37 WILDERNESS RD	PELHAM	STATE POSTAL CODE AL 35124-1539		COUNTR	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE) 3a. ORGANIZATION'S NAME	NOR SECURED PARTY): Provide only <u>one</u> Secured	Party name (3a or 3b			
ALABAMA GAS CORPORATION	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
3b. INDIVIDUAL'S SURNAME	OIT)/	STATE	POSTAL CODE 35203	COUNTR	
3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 101 6TH AVE NORTH COLLATERAL: This financing statement covers the following collate	BIRMINGHAM ral:	AL			

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

7 1 1

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank			
9a. ORGANIZATION'S NAME				
ON INDIVIDUAL'S SUBMANE	20160309000076860 2/2 \$33.85 20160309000076860 2/2 \$33.85 Shelby Cnty Judge of Probate, AL 03/09/2016 01:38:22 PM FILED/CERT			
9b. INDIVIDUAL'S SURNAME SNOW				
FIRST PERSONAL NAME		03/09	/2016 01:38:22 5	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RAY				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
EDWARD			E IS FOR FILING OFF	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		I line 10 or 20 of the Financia	g Statement (Form OCC),	(use exact, full fla
10a. ORGANIZATION'S NAME	<u> </u>		, , , , , , , , , , , , , , , , , , , 	
5				·
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>		<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	LOITY	STAT	E POSTAL CODE	COUNTR
c. MAILING ADDRESS	CITY	3141	E FOSTAL CODE	
	OR SECURED PARTY	<u> </u>		<u> </u>
RICK THOMASON PLUMBING, HEATI	NG AND COOL	ING		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			(S) SUFFIX
	CITY	STAT	E POSTAL CODE	COUNTR
E MAILING ADDRESS 908 TALL TIMBERS DR	HOOVER	AI		
	INCOARK		J 35226	US
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):			35226	US
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