## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)  CINDY THOMAS 205-326-8299	
B. E-MAIL CONTACT AT FILER (optional)	
cindy.thomas@SpireEnergy.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA GAS CORPORATION	
2101 6TH AVE NORTH	
BIRMINGHAM, AL 35203	
	]
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not on name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Data ORGANIZATION'S NAME	

-00160797/MM/ZDZDZU 174 ¥9919
Shelby Cnty Judge of Probate, AL
07/27/2016 11:37:21 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
(use exact, full name; do not omit, modify, or abbreviate and and provide the Individual Debtor information in item 10	ny part of the Debtor of the Financing St	's name); if any part of the li atement Addendum (Form U	ndividual Debto CC1Ad)
FIRST PERSONAL NAME  SARA	ADDITIONAL NAME(S)/INITIAL(S) FINNEY		SUFFIX
CITY MAYLENE	STATE	POSTAL CODE 35114-6028	COUNTRY
			<u> </u>
FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CITY	STATE	POSTAL CODE	COUNTRY
SIGNOR SECURED PARTY): Provide only one Secured	Party name (3a or 3t	D)	
N			
FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
BIRMINGHAM	STATE	35203	COUNTRY
	(use exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 10 SARA  CITY MAYLENE  (use exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME  CITY  SSIGNOR SECURED PARTY): Provide only one Secured  PIRST PERSONAL NAME  CITY  FIRST PERSONAL NAME	(use exact, full name; do not omit, modify, or abbreviate any part of the Debtor and provide the Individual Debtor information in item 10 of the Financing Stars    FIRST PERSONAL NAME   ADDITIO    SARA   FIN    CITY   STATE    MAYLENE   AL    (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor and provide the Individual Debtor information in item 10 of the Financing Stars    FIRST PERSONAL NAME   ADDITIO    CITY   STATE    SIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3)    N   FIRST PERSONAL NAME   ADDITIO    CITY   STATE    ADDITION    STATE   ADDITION    STATE   ADDITION    CITY   STATE    ADDITION    STATE   ADDITION    CITY   STATE    STATE   ADDITION    CITY   STATE    STATE   ADDITION    CITY   STATE    STATE   ADDITION    CITY   STATE    CITY   ST	(use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Ir and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form United SARA  FINNEY  CITY  MAYLENE  (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form United SIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  STATE  POSTAL CODE  SIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b)  N  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE  POSTAL CODE

CARRIER GAS PACKAGE M# 58STA070-1-12 S# 1916A15090 M# CAPMP3014ALA S# 2016X16470 M# 24ACC430A003 S# 2116E03995

\$5189.00

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	yer Bailee/Bailor Licensee/Licensor
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 20160727000262520 2/2 \$39.80 because Individual Debtor name did not fit, check here Shelby Cnty Judge of Probate, AL 07/27/2016 11:37:21 AM FILED/CERT 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME **SARA SUFFIX** ADDITIONAL NAME(S)/INITIAL(S) **FINNEY** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE STATE CITY 10c. MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 3D AIR SERVICES SUFFIX ADDITIONAL NAME(S)/INITIAL(S) OR FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE STATE 11c. MAILING ADDRESS US 35124 $\mathbf{AL}$ **PELHAM** 1001 YEAGER PKWY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 609 N GRANDE VIEW CIR MAYLENE, AL 35114-6028 LEGAL DESCRIPTION LOT 966 GRANDE VIEW ESTATES 9TH ADDN PHASE 2 MAP BOOK 27 MAP PAGE 085 **DEED BOOK 2002 DEED PAGE 0016806** PARCEL # 23 5 16 0 002 056.000 SHELBY COUNTY, ALABAMA

17. MISCELLANEOUS: