JCC FINANCING STATEMENT OLLOW 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	201 She 09/	6091900034068 lby Cnty Jude 19/2016 10:53	30 1/2 \$43.25 ge of Probate; AL 3:36 AM FILED/CERT	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate a	any part of the Debtor		ndividual Debt
name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item 1	0 of the Financing St	atement Addendum (Form U	CC1Ad)
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
HERRING	JAMES	R STATE POSTAL CODE		COLINITON
c. MAILING ADDRESS 641 CREEKVIEW DR	PELHAM	STATE	35124-1609	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	and provide the Individual Debtor information in item 1 FIRST PERSONAL NAME CITY		NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME		Party name (3a or 3t	o)	
R ALABAMA GAS CORPORATIO 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
c. MAILING ADDRESS 2101 6TH AVE NORTH	BIRMINGHAM	STATE	35203	COUNTRY
TRANE GAS PACKAGE M# 4TTR4036L1000AA S# 16251YME3F M# 4PXCBU36BS3HAAA S# 16272RM85 M# TUE1B080A9361AE S# 161543YT1G	\mathbf{G}			

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 6b. Check only if applicable and check only one box: 6a. Check only if applicable and check only one box: Non-UCC Filing A Debtor is a Transmitting Utility Agricultural Lien Manufactured-Home Transaction Public-Finance Transaction Seller/Buyer Bailee/Bailor Licensee/Licensor Consignee/Consignor 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	OR: Same as line 1a or 1b on Finar	s left blank	09/19/2016 10:53:36 AM FILED/CERT					
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME								
			<u> </u>					
OR 9b. INDIVIDUAL'S SURNAI	<u></u> МЁ							
HERRING								
FIRST PERSONAL NA	ME							
JAMES								
ADDITIONAL NAME(S)	ADDITIONAL NAME(S)/INITIAL(S)							
\mathbf{R}	\mathbf{R}				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
OR 10b. INDIVIDUAL'S SURNA	AME				-			
	IONAL NAME(S)/INITIAL(S)				· · · · · · · · · · · · · · · · · · ·	SUFFIX		
10c. MAILING ADDRESS		CITY	<u></u>	STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECU	JRED PARTY'S NAME or	ASSIGNOR SEC	URED PARTY'S N	AME: Provide only <u>one</u> n	ame (11a or 11b)	<u> </u>		
SERVICE TE								
OR 11b. INDIVIDUAL'S SURNA	ME	FIRST P	ERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY		
441 UNIVERSIT	Y BLVD	BIR	MINGHAM	AL	35205	US		

17. MISCELLANEOUS:

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

Shelby Cnty Judge of Probate, AL