	C FINANCING STATEMENT LOW INSTRUCTIONS	Man and a second	1609190003407	0 1/2 \$35.75 ge of Probate, AL	
B. 1	NAME & PHONE OF CONTACT AT FILER (optional)  CINDY THOMAS 205-326-8299  E-MAIL CONTACT AT FILER (optional)  cindy.thomas@SpireEnergy.com  SEND ACKNOWLEDGMENT TO: (Name and Address)			3:39 AM FILED/CERT	
	ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35226-2903				
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e	exact, full name; do not omit, modify, or abbreviate	any part of the Debtor	R FILING OFFICE USE 's name); if any part of the li	ndividual Debtor's
r	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use ename will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME		any part of the Debtor	's name); if any part of the li	ndividual Debtor's
r	name will not fit in line 1b, leave all of item 1 blank, check here and	exact, full name; do not omit, modify, or abbreviate	any part of the Debtor 10 of the Financing St	's name); if any part of the li	ndividual Debtor's
OR 1c.	name will not fit in line 1b, leave all of item 1 blank, check here and and 1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME	exact, full name; do not omit, modify, or abbreviate provide the Individual Debtor information in item	any part of the Debtor 10 of the Financing St	's name); if any part of the li atement Addendum (Form U	ndividual Debtor's CC1Ad)
1c. 2. [	name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  TYUS  MAILING ADDRESS  631 WOODDALE LN  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME  ANDREA  CITY  PELHAM	any part of the Debtor 10 of the Financing St  ADDITIO  L  STATE  AL  any part of the Debtor 10 of the Financing St	's name); if any part of the lightered Addendum (Form University)  NAL NAME(S)/INITIAL(S)  POSTAL CODE  35124-1032  's name); if any part of the lightered and part of the lig	SUFFIX COUNTRY US

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

**ALABAMA GAS CORPORATION** 

GOODMAN GAS PACKAGE
M# GSX140361 S# 1512022376
M# GMS80804BN S# 1607299089
M# CAPF3636B6 S# 1607309367

2101 6TH AVE NORTH

3a. ORGANIZATION'S NAME

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

\$2500.00

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative			
6a. Check <u>only</u> if applicable and check <u>only</u> 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): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA:				
Internation	al Association of Commercial Administrators (IACA			

FIRST PERSONAL NAME

**BIRMINGHAM** 

CITY

SUFFIX

COUNTRY

US

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

35203

STATE

AL

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	9/19/2016 10	53:39 AM FILED/CE	L RT
otor name that did not fit in line 1b or 2  ig address in line 10c	b of the Financing S	tatement (Form UCC1) (use	exact, full name
	<u> </u>		
			SUFFIX
TY	STATE	POSTAL CODE	COUNTRY
	Provide only <u>one</u> na	ame (11a or 11b)	
· · · · · · · · · · · · · · · · · · ·	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	STATE	35209	COUNTRY
	btor name that did not fit in line 1b or 2 ng address in line 10c	THE ABOVE SPACE IN both provide only one natural try  STATE  R SECURED PARTY'S NAME: Provide only one natural try  RST PERSONAL NAME  ADDITION  STATE  STATE  STATE  STATE	THE ABOVE SPACE IS FOR FILING OFFICE to bot on name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use any address in line 10c  TY  STATE POSTAL CODE  R SECURED PARTY'S NAME: Provide only one name (11a or 11b)  G LLC  RST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  TY  STATE POSTAL CODE

17. MISCELLANEOUS: