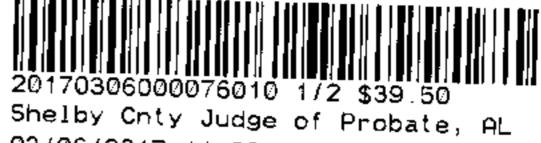
UCC FINANCING STATEMENT # 31.50 # 38.50 # 50.



OWINSTRUCTIONS Shelby		5helby (03/06/20	Shelby Cnty Judge of Probate, AL 03/06/2017 11:00:54 AM FILED/CERT			
A. NAME & PHONE OF CONTACT AT FILER (option	nal)			THE TELEPTOER		
LAQUITA YOUNG-WILLIAMS						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress)					
ALABAMA GAS CORPORATIO	N					
2101 6TH AVE N	'					
BIRMINGHAM, AL 35203						
1						
<u></u>		THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY	
. DEBTOR'S NAME: Provide only one Debtor name (1						
name will not fit in line 1b, leave all of item 1 blank, check	there and provide the Individual De	btor information in item 10	or the Financing St	atement Addendum (Form U		
1a. ORGANIZATION'S NAME						
15. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
TURNER	DONAL	L D	MAURICE			
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
5050 MOUNTAIN VIEW PKW	Y BIRMI	BIRMINGHAM		35244	US	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
CECUDED DADTVIC MANE MANE ACCION	EE - (ACCIONOS CECUSES DACEVO. 5	3 id	3			
SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ORGANIZATION'S NAME	EE OF ASSIGNOR SECURED PARTY): F	-rovide only <u>one</u> Secured F	Party name (3a or 3t	<u> </u>		
ALABAMA GAS CORPORA	TION					
36. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUF		SUFFIX	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
2101 6TH AVE N	BIRMI	NGHAM	AL	35203	US	
1. COLLATERAL: This financing statement covers the following	lowing collateral:					
PAYNE COMPLETE SYSTEM						
M# 310AAV048090 S# 4416A19325	5					
M# 310AAV048090 S# 4416A19325	5					
	5					

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

NAME OF FIRST DERTOR: Same to line to as the a Singapine St	20170306000076010 2/2 \$39.50 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of Probate, AL			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	03/06/2017 11:	00:54 AM FILED/CE	ERT	
9a ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
TURNER FIRST PERSONAL NAME				
DONALD				
ADDITIONAL NAME(S)/INITIAL(S)				
MAURICE		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debte do not omit, modify, or abbreviate any part of the Debtor's name) and e 		line 1b or 2b of the Financing	Statement (Form UCC1) (u	se exact, full na
10a ORGANIZATION'S NAME		· · · - · · ·		
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	. –		SUFFIX	
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or 7 A	ASSIGNOR SECURED PARTY	S NAME: Provide only one r	ame (11a or 11b)	
11a ORGANIZATION'S NAME KS SERVICE				
116. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITI		SUFFIX
MAILING ADDRESS 550 FIVESTAR PKWY SUITE 120	BESSEMER	STATE	POSTAL CODE 35020	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral)				
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest):	covers timber to be o	cut covers as-extracted	collateral s filed as	s a fixture filing