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CO FINANCINIC STATEMENT	<i>[]</i> ,33	06/26/2017 02:	06:50 PM FILED/CE	ŔŤ
ICC FINANCING STATEMENT OLLOW INSTRUCTIONS	by County			
NAME & PHONE OF CONTACT AT FILER (optional)  LaQuita Young - Williams				
. E-MAIL CONTACT AT FILER (optional)				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Total Activities of the Control of t	——————————————————————————————————————			
Alabama Gas Corporation	<b>'</b>			
2101 6th Avenue North Birmingham, AL 35203				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (c			R FILING OFFICE USE and a name), if any part of the Ir	
name will not fit in line 1b. leave all of item 1 blank, check here			_	
1a. ORGANIZATION'S NAME				
16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	i	NAL NAME(S)/INITIAL(S)	SUFFIX
Koop	Kathleen	E		
Koop  MAILING ADDRESS		i	POSTAL CODE 35007	COUNTRY
Koop  MAILING ADDRESS  O31 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (company)	Kathleen  CITY  Alabaster  ase exact, full name, do not omit modify, or abbreviate	E STATE AL any part of the Debtor	POSTAL CODE  35007  's name), if any part of the In	COUNTRY US
Koop  MAILING ADDRESS  1031 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here	Kathleen  CITY  Alabaster  ase exact, full name, do not omit modify, or abbreviate	E STATE AL any part of the Debtor	POSTAL CODE 35007 's name), if any part of the In	COUNTRY US
Koop  MAILING ADDRESS  O31 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here  2a ORGANIZATION'S NAME	Kathleen  CITY  Alabaster  ase exact, full name, do not omit modify, or abbreviate	E STATE AL any part of the Debtor	POSTAL CODE 35007 's name), if any part of the In	COUNTRY US
Koop  MAILING ADDRESS  O31 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here 2a ORGANIZATION'S NAME	Kathleen  CITY  Alabaster  ase exact, full name, do not omit modify, or abbreviate	STATE AL  any part of the Debtor 10 of the Financing Sta	POSTAL CODE  35007  's name), if any part of the In	COUNTRY US
Koop  MAILING ADDRESS  O31 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here  2a ORGANIZATION'S NAME  2b INDIVIDUAL'S SURNAME	CITY Alabaster  use exact, full name, do not omit, modify, or abbreviate and provide the Individual Debtor information in item	STATE AL  any part of the Debtor 10 of the Financing Sta	POSTAL CODE  35007  's name), if any part of the Independent Addendum (Form United Statement A	COUNTRY US  Idividual Debt
Koop  MAILING ADDRESS  O31 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here  2a ORGANIZATION'S NAME  2b INDIVIDUAL'S SURNAME	CITY Alabaster use exact, full name, do not omit modify, or abbreviate and provide the individual Debtor information in item  FIRST PERSONAL NAME	STATE AL  any part of the Debtor 10 of the Financing Sta	POSTAL CODE  35007  's name), if any part of the Internent Addendum (Form University)  NAL NAME(S)/INITIAL(S)	COUNTRY US  Idividual Debt
Koop  MAILING ADDRESS  1031 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here  2a ORGANIZATION'S NAME  2b INDIVIDUAL'S SURNAME  MAILING ADDRESS	CITY Alabaster use exact, full name, do not omit modify, or abbreviate and provide the Individual Debtor information in item  FIRST PERSONAL NAME  CITY	STATE AL  any part of the Debtor 10 of the Financing State  ADDITIO	POSTAL CODE 35007 's name), if any part of the Interest Addendum (Form University) NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY US  Idividual Debi
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Koop  MAILING ADDRESS  1031 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here 2a ORGANIZATION'S NAME  2a ORGANIZATION'S NAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE Alabama Gas Corporation	CITY Alabaster use exact, full name, do not omit modify, or abbreviate and provide the Individual Debtor information in item  FIRST PERSONAL NAME  CITY	STATE AL  any part of the Debtor 10 of the Financing State  ADDITION  STATE  Party name (3a or 3b)	POSTAL CODE 35007 's name), if any part of the Interest Addendum (Form University) NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY US  Idividual Debi
Koop  MAILING ADDRESS  1031 Independence Ct  DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b. leave all of item 2 blank, check here 2a ORGANIZATION'S NAME  2a ORGANIZATION'S NAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE Alabama Gas Corporation	CITY Alabaster use exact, full name, do not omit modify, or abbreviate and provide the individual Debtor information in item  FIRST PERSONAL NAME  CITY  GROOR SECURED PARTY) Provide only one Secured	STATE AL  any part of the Debtor 10 of the Financing State  ADDITION  STATE  Party name (3a or 3b)	POSTAL CODE 35007  Is name), if any part of the Interest Addendum (Form University)  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY US  Idividual Debt CC1Ad)  SUFFIX

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 <u>only</u> if applicable and check <u>only</u> 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/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	



Shelby Cnty Judge of Probate, AL 06/26/2017 02:06:50 PM FILED/CERT

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 because Individual Debtor name did not fit, check here. [ 9a ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Koop FIRST PERSONAL NAME Kathleen ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  $\mathbf{E}$ 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c MAILING ADDRESS COUNTRY POSTAL CODE CITY STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a ORGANIZATION'S NAME **Control Temp** 11b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 167 Markeeta Road 35094 US Leeds AL12. ADDITIONAL SPACE FOR ITEM 4 (Collateral) 14. This FINANCING STATEMENT 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut s filed as a fixture filing covers as-extracted collateral 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) 1031 Independence Ct Alabaster, AL 35035007 Legal Description

Lot 49 Block 000

**Subdivision Autumn Ridge** 

Shelby County, Alabama

Map Book 12 Map Page 004

Parcel # 13 8 27 4 002 049.000

17. MISCELLANEOUS: