Shelly 32.00 35.75

## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)	
LAQUITA YOUNG-WILLIAMS	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
	<b></b>
ALABAMA GAS CORPORATION	1
2101 6TH AVE N	
BIRMINGHAM, AL. 35203	_

20170921000344510 1/2 \$35.75	
Charles Cab Indone of Dankaha A	^ı

Shelby Cnty Judge of Probate: AL 09/21/2017 12:56:23 PM FILED/CERT

	BIRMINGHAM, AL. 35203				
		THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here ar	-			
	1a ORGANIZATION'S NAME				
OR	16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	BRANDON	WARREN	L		
1c	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1	226 LAKE FOREST CIR	BIRMINGHAM	AL	35244	US
ΛP					
ÓR	26 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY). Provide only <u>one</u> Secured F	Party name (3a or 3b	5)	
	38 ORGANIZATION'S NAME ALABAMA GAS CORPORATION				
OR	35 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
<u>3c</u>	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	101 6TH AVE NORTH	BIRMINGHAM	AL	36067	US

AMERICAN STANDARD FURNACE M# AUDI B080A9361AB

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

CH 1500511BD1C

S# 17095UPR1G

\$2,500.00

5. Check only if applicable and check only one box. Collateral isheld 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/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOWINSTRUCTIONS** 

THE A	BOVÉ SPACE	IS FOR FILING OFFICE Statement (Form UCC1) (use	USE ONLY
		-	
		-	
		-	
		-	
		-	
		-	
		-	
fit in line 1b or 2b	of the Financing S	Statement (Form UCC1) (use	e exact. full name
			SUFFIX
	14777	TROOPE TO THE	COUNTRY
	STATE	POSTAL CODE	COUNTRY
TY'S NAME: F	Provide only <u>one</u> na	ame (11a or 11b)	
E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	STATE	POSTAL CODE	COUNTRY
	AL	35210	US
	Y'S NAME: F	ADDITIC	

Parcel # 11 7 35 0 003 002.009

Shelby County, Alabama

17 MISCELLANEOUS.