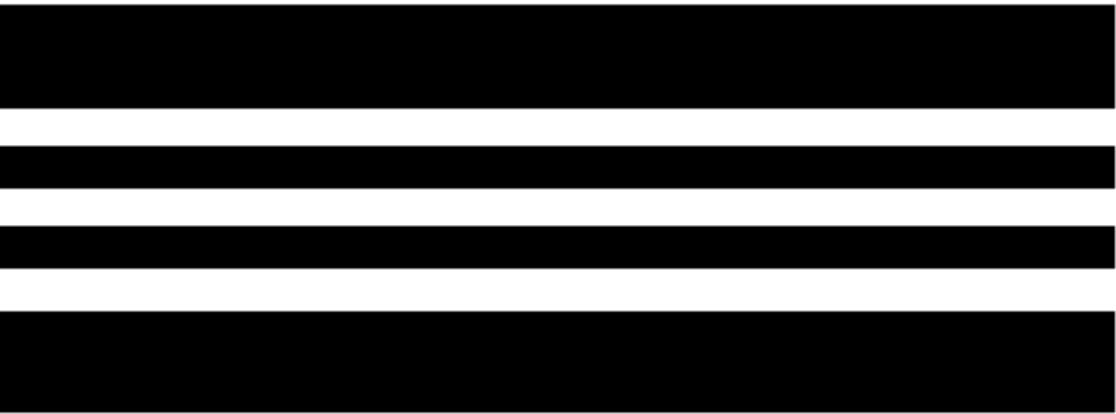


20210408000176310  
04/08/2021 08:42:11 AM  
UCC1 1/2



UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>LATOYA FREEMAN</b>			
B. E-MAIL CONTACT AT FILER (optional) <b>LOANS@SPIREENERGY.COM</b>			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div><div><b>SPIRE ALABAMA INC.</b></div><div><b>20 20TH STREET SOUTH</b></div><div><b>BIRMINGHAM, AL 35233</b></div></div></div></div></div>			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME <b>BLAKENSHIP</b>		FIRST PERSONAL NAME <b>GLENN</b>	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
1c. MAILING ADDRESS <b>409 EATON RD</b>		CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	POSTAL CODE <b>35242</b>
COUNTRY <b>US</b>				

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>SPIRE ALABAMA INC.</b>				
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
3c. MAILING ADDRESS <b>20 20TH STREET SOUTH</b>		CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	POSTAL CODE <b>35233</b>
				COUNTRY <b>US</b>

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

YORK COMPLETE SYSTEM

M# YKYC536B22S      S# W2B1668887  
M# 4KCM36BBCA1      S# W2M0372383  
M# 11KTM8E080B12MP11      S# W2A1572900

\$6800.00

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensors	
8. OPTIONAL FILER REFERENCE DATA:	

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 <input type="checkbox"/>				
9a. ORGANIZATION'S NAME				
OR				
9b. INDIVIDUAL'S SURNAME BLAKENSHIP				
FIRST PERSONAL NAME GLENN				
ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input checked="" type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)				
11a. ORGANIZATION'S NAME G & W HEATING & A/C				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS P.O. BOX 28183		CITY MIDFIELD	STATE AL	POSTAL CODE 35228
				COUNTRY US
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):	16. Description of real estate: 409 Eaton Rd Birmingham, AL 35242 Legal Description: Subdivision: Greystone Village Phase 2 Amended Block: 000 Lot: 31 Legal Description: Map Book: 19 Page: 013 Parcel# 09 3 05 0 004 031.000 Shelby County, Alabama
17. MISCELLANEOUS:	



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
04/08/2021 08:42:11 AM  
\$49.20 CHERRY  
20210408000176310

Allen S. Bayl