		ENTAMENDMEN	IT			
LLOW INSTRUCTION. NAME & PHONE OF						
AQUITA YOU						
SEND ACKNOWLED	OGMENT TO: (Name	e and Address)				
SPIRE, AI	ABAMA INC.					
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. INITIAL FINANCING ST	TATEMENT FILE #			·····		STATEMENT AMENDMEN
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	· .		is terminated with respect to security	·		
	: Effectiveness of the fiditional period provided	-	ove with respect to security interest	(s) of the Secured Pa	irty authorizing this Co	ntinuation Statement is
			address of assignee in item 7c; and	also give name of ass	signor in item 9.	
			ebtor or Secured Party of reco			
-		provide appropriate information in				
CHANGE name and	/or address: Give currer	nt record name in item 6a or 6b; als /or new address (if address change	so give new DELETE name e) in item 7c. to be deleted in	Give record name	ADD name: Com	plete item 7a or 7b, and als
CURRENT RECORD		TOT THE REGISTERS (II AGGICSS CHAING		· NOITI OU OI OD.	1 Itolai 70, aloo oon	ipioto itorno ra rg (ii appliot
6a. ORGANIZATION'S	SNAME	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•		
R	6b. INDIVIDUAL'S LAST NAME		Telegativitie	TE	AIDDLE NIAME	
	ST NAME		FIRST NAME		AIDDLE NAME	SUFFIX
MALINOSKI			FIRST NAME STEPHEN		AIDDLE NAME	SUFFIX
MALINOSKI	ADDED INFORMATION	ON:	1		A	SUFFIX
MALINOSKI CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION	ON:	1		A	SUFFIX
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MALINOSKI CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA	S NAME	ON:	FIRST NAME CITY		MIDDLE NAME STATE POSTAL CO	SUFFIX DE COUNTRY
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MALINOSKI CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA MAILING ADDRESS 505 LITTLE RIE	ADDED INFORMATION S NAME ST NAME OGE DR ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	FIRST NAME CITY BIRMINGHAM		MIDDLE NAME STATE POSTAL CO AL 35242	SUFFIX DE COUNTRY US
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