A. NA LAÇ	C FINANCING STATEMENT AMENDM OW INSTRUCTIONS (front and back) CAREFULLY ME & PHONE OF CONTACT AT FILER [optional] QUITA YOUNG-WILLIAMS	ENT	20171117000416530	•		
B SE	ND ACKNOWLEDGMENT TO (Name and Address) SPIRE, ALABAMA INC. FORMERLY ALABAMA GAS CORPORAT 2101 6TH AVE NORTH BIRMINGHAM, AL. 35203	TON	Shelby Cnty Judge 11/17/2017 11:04:			
1a INI`	TIAL FINANCING STATEMENT FILE #	- Taul a	THE ABOVE SP	_	OR FILING OFFICE U	-
	17042000134890			To to	be filed (for record) (or re AL ESTATE RECORDS	ecorded) in the
V	TERMINATION. Effectiveness of the Financing Statement identified at	bove is terminated with re	espect to security interest(s) of the			
	CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	ed above with respect to	security interest(s) of the Secure	d Party auth	iorizing this Continuation	Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	h and address of assume	e in item 7c; and also give name o	f assigner in	item 9	
	ENDMENT (PARTY INFORMATION) This Amendment affects		_			
	check one of the following three boxes and provide appropriate information					
	CHANGE name and/or address. Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address ch		DELETE name: Give record name to be deleted in item 6a or 6b.	e Al	DD name. Complete item em 7c, also complete item	n 7a or 7b, and also ns 7d-7g (if applicat
	RRENT RECORD INFORMATION			<u></u>		<u>-</u>
ba	a ORGANIZATION'S NAME					
R Sb	INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
D	E MONIA	RICHARI	RICHARD			
. CH/	ANGED (NEW) OR ADDED INFORMATION:]		
7a	ORGANIZATION'S NAME				<u>.</u>	
R 75	INDIVIDUAL'S LAST NAME	CIDST MAME	FIRST NAME CITY PELHAM		IMIDDLE NAME TSUFFIX	
	THE TOTAL S CAST MAINE	TINOT WANT.			NAME	JOPPIX
i c MA	ILING ADDRESS	CITY			POSTAL CODE	COUNTRY
457	KELLY DR	PELHAM			35124	US
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	N 7f JURISDICTI	ON OF ORGANIZATION	7g ORG	SANIZATIONAL ID # if a	ny
	DEBTOR					□NO
. ~\IVI.	cribe collateral deleted or added or give entire restated co	ollateral description or	describe collateral assigned			
NAN adds	ME OF SECURED PARTY OF RECORD AUTHORIZING THIS is collateral or adds the authorizing Debtor, or if this is a Termination author ORGANIZATION'S NAME PIRE ALARAMA INC. FORMERLY ALARAM	orized by a Debtor, check	here and enter name of DEE			red by a Debtor whi
NAN adds 9a SI	s collateral or adds the authorizing Debtor, or if this is a Termination authorizing	orized by a Debtor, check	here and enter name of DEE		orizing this Amendment	ed by a Debtor which