UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A NAME A PHONE OF CONTACT AT FILER (optional) DANELLER KING 265-326-8299  B EANAL CONTACT AT FILER (optional) C. SEND ACKNOWLEGGMENT TO. (Name and Address)  SPIRE ALABAMA INC. 2101 67TH AVENUE NORTH BIRMINGHAM, AL 35203  1. DEBTORS NAME Proble ofty gap been remed (1s of 10) jace select, full once, do not not not not not not not not not no					
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BURBANK CHRISTOPHER JOHNSON 15. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 124 AUSTIN CIRCLE BIRMINGHAM AL 35242 US 2. DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use exact, full name do not omit, modify, or abtreviate any part of the Debtor's name, if any part	OR 15 INDUVIDUAL'S SUBMANE	FIDST DEDSONAL NAME	······································	THE TONIAL NIAME/SYMMETIA	VI/SV TSUEEIV
124 AUSTIN CIRCLE  BIRMINGHAM  AL  35242  US  2. DEDTOR'S NAME: Provise only ggs Dabtor name (2a or 2b) (use oract, full name, do not only, modify, or achrevitite any part of the Debtor's name); if any part of the individual Debtor's name will not fix in line 2b. leave all of item 2 blank, check here and provide the Individual Debtor information in fam 10 of the Financing Statement Addondum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  PRESONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  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  SPIRE ALABAMA INC.  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  SC. MALLING ADDRESS  COMPANIZATION'S NAME  SPIRE ALABAMA INC.  3c. MALLING ADDRESS  COMPANIZATION'S NAME  SPIRE ALABAMA INC.  BIRMINGHAM  AL  35203  US  TRANE COMPLETE SYSTEM  M# 4TTR4024L1000BA  ## 4PXCAU24B53HAAA  S# 17225KCC5G  M# TUE1A040A9241AF  \$# 17213RSTIG  5. Check and if applicable and check ggly one box. Colleteral is Indid in a Trust (see UCC1Ad, item 17 and instructions)  Design administered by a Decedent's Personal Representation  5b. Check ggly if applicable and check ggly one box.  6b. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if applicable and check ggly one box.  6c. Check ggly if a					AL(O)
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DR 2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  S SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  Sa. ORGANIZATION'S NAME  SPIRE ALABAMA INC.  RESPIRE ALABAMA INC.  RESPIRE ALABAMA INC.  CITY  STATE  POSTAL CODE  ADDITIONAL NAME(S/INITIAL(S)  SUFFIX  SUFFIX  STATE  POSTAL CODE  COUNTRY  STATE  STATE  POSTAL CODE  COUNTRY  STATE  STATE  STATE  POSTAL CODE  COUNTRY  STATE  STATE  STATE  STATE  STATE  STATE  STATE  POSTAL CODE  COUNTRY  STATE  S	▼ <sup></sup> ,	· ·	·	·	
26 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  SPIRE ALABAMA INC.  7b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S/INITIAL(S)  SUFFIX  TO STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  ACCULATERAL: This finencing statement covers the following collaberal  TRANE COMPLETE SYSTEM  M# 4TTR4024L1000BA  ## 171935033F  ## 4PXCAU24B53HAAA  ## 17225KCC5G  ## TUE1A040A9241AF  \$# 17213RST1G  S. Check gnly if applicable and check gnly one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions)  Busing administered by a Decedent's Personal Representative  6a. Check gnly if applicable and check gnly one box.  6b. Check gnly if applicable and check gnly one box.  6b. Check gnly if applicable and check gnly one box.  6c. Check gnly if applicable and check gnly one box.  6c. Check gnly if applicable and check gnly one box.  6c. Check gnly if applicable and check gnly one box.	2a. ORGANIZATION'S NAME		!		·
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6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Beites/Poiler  Reites/Poiler  Reites/Poiler  I Licensed/Licenson				* * * * * * * * * * * * * * * * * * *	
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor		nsaction A Debtor is a Transmitting	j	<del> </del>	on-UCC Filing
8. OPTIONAL FILER REFERENCE DATA:	7. ALILIUMITE DEGIGIOTOTOTOTO (1. mpp. 1. mpp.	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

FO	LLOWINSTRUCTIONS				
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stabecause Individual Debtor name did not fit, check here	20171221000454170 2/2 \$41.75			
9a. ORGANIZATION'S NAME			5nelby Cnty Ju 12/21/2017 07	udge of Probate, AL :55:00 AM FILED/CERT	
•					
OR	9b. INDIVIDUAL'S SURNAME				
	BURBANK				
	CHRISTOPHER				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
10	JOHNSON  DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor	r name or Debtor name that did not fit in		og Statement (Form LICC1) (u	
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OR	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME		·	······································	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		·····		SUFFIX
10c	MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
		CCIONOD CECUDED DADTVI	S NIARATT. Manager		
11.	11a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY'S	> INAIVIC: Provide only <u>or</u>	<u>le</u> name (11a or 11b)	<u></u>
OR	ETHRIDGE HEATING AND AIR, IN		I A D C	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE	THOMAL MANUE(S)/IIMHINAL(S)	SUFFIX
	MAILING ADDRESS 259 PARK SOUTH DR. STE 101	BESSEMER	STA A	_	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13.	This FINANCING STATEMENT is to be filed [for record] (or recorde REAL ESTATE RECORDS (if applicable)	d) in the 14. This FINANCING STATEN	<del></del>	ted collateral <b>Z</b> is filed as	s a fixture filing
	Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):	m 16 16. Description of real estate:			
		124 Austin Circle			
		Birmingham, AL 3 Legal Description:			
		Subdivision: Highla	and Lakes 27th S	EC	
		Block: L Map Book: 32 P	ot: 2707 Page: 020		
		Parcel# 09 2 09 0 0	•		
		Shelby County, Ala	abama		
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