

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

32.00  
10.20  
\$42.20  
Shelby



20171221000454220 1/2 \$42.20  
Shelby Cnty Judge of Probate, AL  
12/21/2017 07:55:05 AM FILED/CERT

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>DANELLE KING 205-326-8299</b>	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>SPIRE ALABAMA INC. 2101 6TH AVENUE NORTH BIRMINGHAM, AL 35203</b>	

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>HARTSFIELD</b>		FIRST PERSONAL NAME <b>SHANNON</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>R</b>	SUFFIX
	1c. MAILING ADDRESS <b>1024 KNOLLWOOD DR</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>2101 6TH AVENUE NORTH</b>		CITY <b>BIRMINGHAM</b>	STATE <b>AL</b>	POSTAL CODE <b>35203</b>
				COUNTRY <b>US</b>	

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

**TRANE COMPLETE SYSTEM**

**M# 4TTR6036J1000AA  
M# TUD2B060A9V3VB  
M# 4TXCB004DS3HCA**

**S# 173520DF4F  
S# 17322T8X1G  
S# 173050AN5G**

**\$ 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/Licenser					
8. OPTIONAL FILER REFERENCE DATA:					

UCC FINANCING STATEMENT ADDENDUM

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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 ☐

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
HARTSFIELD	
FIRST PERSONAL NAME	
SHANNON	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
R	

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10. DEBTOR'S NAME: Provide (10a or 10b) only one 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

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OVERFLOW HEATING AND AIR			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY	STATE
5605 ALEXANDRIA DR		IRONDALE	AL
			POSTAL CODE
			35210
			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:  1024 Knollwood Drive Birmingham, AL 35242 Legal Description: Subdivision: Highland Lakes 9th Sector Phase 1 Block: Lot: 938 Map Book: 24 Page: 001 Deed Book: 2005 Page: 0405000157280 Parcel# 09 2 04 0 003 120.000 Shelby County, Alabama

17. MISCELLANEOUS: