32.00				
7.50				
339.50				
UCC FINANCING STATEMENT	#   #   # # #   #   #   #   #   #   #			
FOLLOW INSTRUCTIONS SALEIOY				•
A. NAME & PHONE OF CONTACT AT FILER (optional)  DANELLE KING 205-326-8299	2017122100045428 Shelby Coty 114	80 1/2 \$39	.50	
B. E-MAIL CONTACT AT FILER (optional)	Shelby Cnty Judg 12/21/2017 07:5	ge of Prob 5:11 AM FI	ate, AL LED/CERT	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			•	
SPIRE ALABAMA INC.				
2101 6TH AVENUE NORTH BIRMINGHAM, AL 35203				
			R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide	Il name; do not omit, modity, or abbreviate any pa the Individual Debtor information in item 10 of th	rt of the Debtor le Financing St	rs name); if any part of the in atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
OR	1 7: DOT DEDOOLS & LABOR	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1b. INDIVIDUAL'S SURNAME  TAYLOR	FIRST PERSONAL NAME  CASSIE	אוווטטאווט	IANT IANIETONIALLIUTE	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4185 PLANTATION PL	HELENA	AL	35080	US
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ful	Il name; do not omit, modify, or abbreviate any pa	rt of the Debtor	's name); if any part of the In	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and provide	e the individual Debtor Information in Item 10 of tr	e rinancing St	atement Addendum (Form O	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	LIPED DARTY): Provide only one Secured Party	name /3a or 3h	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3a. ORGANIZATION'S NAME	OILLY THE TANK TO THE TOTAL OF THE TANK		<u> </u>	
SPIRE ALABAMA INC.				Ta.,,,,,,,
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2101 6TH AVENUE NORTH	BIRMINGHAM	AL	35203	US
4. COLLATERAL: This financing statement covers the following collateral:				
RHEEM COMPLETE SYSTEM				
KILENI COMETE SISIEM				
M# R801SA100521MSA S# W281752498				
M# RA1442BJ1NA S# W261754088 M# RCF4821STAMCA S# W141724256				
M# RCF4821STAMCA S# W141724256				
\$ 5000.00				
E Abadi and it and the and the sale and the	t (see UCC1Ad, item 17 and Instructions)	peino administa	red by a Decedent's Person	al Representative
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a Trus 6a. Check <u>only</u> if applicable and check <u>only</u> one box:			if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction				Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Ba	nilee/Bailor Licer	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				

## UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** Shelby Cnty Judge of Probate, AL 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank 12/21/2017 07:55:11 AM ETLED/CERT

because Individual Debtor name did not fit, check here			TO HILL TEED OFK	1
9a. ORGANIZATION'S NAME				
PR 9b. INDIVIDUAL'S SURNAME				
TAYLOR				
FIRST PERSONAL NAME				
CASSIE	Curriv			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFIC	CE USE ONLY
O. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and		line 1b or 2b of the Financing S	tatement (Form UCC1) (	use exact, full name
10a. ORGANIZATION'S NAME		W		
R 10b. INDIVIDUAL'S SURNAME	·································	······································		**************************************
INDIVIDUAL'S FIRST PERSONAL NAME			······································	**************************************
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Oc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	ASSIGNOR SECURED PARTY	'S NAME: Provide only one of	me /11s or 11h\	
1. ADDITIONAL SECURED PARTY'S NAME or	MOSIGNOR SECONED PAINT	O IVAIVIL. Floride only one in		<u></u>
COUNTRY BOYZ HEATING AND	AIR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5222 WADE ST	HELENA	AL	35080	US
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. This FINANCING STATEMENT is to be filed [for record] (or reco	rded) in the 14. This FINANCING STATE  covers timber to be	<del>[</del>	collateral	as a fixture filing
5. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):				
	4185 Plantation P			
	Helena, AL 35080 Legal Description			
	, 0	tation South Old Plan	ntation Addition	1
	Block: Lot: 4			•
	Map Book: 30			
		Page: 09150003011	80	
	Parcel# 13 5 15 3	_		
	Shelby County, A			

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:  Covers timber to be cut Covers as-extracted collateral  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:  4185 Plantation Pl Helena, AL 35080 Legal Description: Subdivision: Plantation South Old Plantation Addition Block: Lot: 4 Map Book: 30 Page: 087	
47 MICOSTI ANSONO	Deed Book: 2010 Page: 0915000301180 Parcel# 13 5 15 3 008 002.006 Shelby County, Alabama	