Stelly 32.00 4.65	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	
A NAME & PHONE OF CONTACT AT FILER (optional) LAQUITA YOUNG-WILLIAMS	
B. E-MAIL CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (Optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	

C. SEND ACKNOWLEDGMENT TO: (Name and Address) SPIRE ALABAMA INC	11414141			
SPIRE ALABAMA INC				
SPIRE ALABAMA INC				
		511000163730 y Cnty Judge	1/2 \$36.65 of Probate, AL	
2101 6TH AVE N			10 PM FILED/CERT	
BIRMINGHAM, AL. 35203				
	THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do name will not fit in time 1b, leave all of item 1 blank, check here and provide the Individence. 	not omit, modify, or abbreviate any dual Debtor information in item 10 c			
1a ORGANIZATION'S NAME				
15. INDIVIDUAL'S SURNAME FIRST F	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ALLRED	THERINE	L		
1c. MAILING ADDRESS CITY	 -	STATE	POSTAL CODE	COUNTRY
1133 WILLOW CREEK CT AL	ABASTER	AL	35007	US
2a ORGANIZATION'S NAME OR 2b INDIVIDUAL'S SURNAME	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	leneciv
	PERSONAL NAME	ADDITIO	NAL NAME(S)/INTTAL(S)	SUFFIX
2c. MAILING ADDRESS CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PAR	RTY): Provide only one Secured Pa	irty name (3a or 3b	·)	
3a ORGANIZATION'S NAME		<u> </u>	<u> </u>	_
SPIRE ALABAMA INC				
DR	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OR	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
THE SE INDIVIDUAL'S SURNAME SE MAILING ADDRESS 2101 6TH AVE N BIR	PERSONAL NAME			
THE SECONDIVIDUAL'S SURNAME C MAILING ADDRESS 2101 6TH AVE N COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
THE SECONDIVIDUAL'S SURNAME C MAILING ADDRESS 2101 6TH AVE N COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
36 INDIVIDUAL'S SURNAME C MAILING ADDRESS 2101 6TH AVE N CCULATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
THE SE MAILING ADDRESS 2101 6TH AVE N BIR COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
THE SE MAILING ADDRESS 2 MAILING ADDRESS 2 101 6TH AVE N BIR COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
36 INDIVIDUAL'S SURNAME C MAILING ADDRESS 2101 6TH AVE N CCULATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982		STATE	POSTAL CODE	COUNTRY
THE STATE OF THE S		STATE	POSTAL CODE	COUNTRY
This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982	MINGHAM	STATE	POSTAL CODE 35203	COUNTRY
Check only if applicable and check only one box: Collateral is held in a Trust (see UCC)		STATE AL being administer	POSTAL CODE 35203 Ted by a Decedent's Personal	COUNTRY US
OR 3b INDIVIDUAL'S SURNAME C MAILING ADDRESS 2101 6TH AVE N COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982 S3050.00 Check only if applicable and check only one box: Collateral is held in a Trust (see UCC) a Check only if applicable and check only one box:	AMINGHAM 1Ad, item 17 and Instructions)	being administer	POSTAL CODE 35203 Ted by a Decedent's Personal applicable and check only of	COUNTRY US
36 INDIVIDUAL'S SURNAME 36 MAILING ADDRESS 2101 6TH AVE N 4. COLLATERAL: This financing statement covers the following collateral: GOODMAN FURNACE M# GMSS960603BN S# 1703393982 \$3050.00 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC) at Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A E	MINGHAM	being administer 6b. Check only if	ed by a Decedent's Personal applicable and check only oural Lien Non-UCC	COUNTRY US

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
Sa. Crorito traine				
9b. INDIVIDUAL'S SURNAME		2018051100016373 Shelby Cnty Jude	e of Probate, AL	
ALLRED		05/11/2018 01:43	:10 PM FILED/CER	т
FIRST PERSONAL NAME				
KATHERINE				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
L		THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		·		
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
PRO CALL 11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
11b INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
11b INDIVIDUAL'S SURNAME MAILING ADDRESS 824 HIGHWAY 86				
MAILING ADDRESS 824 HIGHWAY 86	CITY	STATE	POSTAL CODE	COUNT
MAILING ADDRESS B24 HIGHWAY 86 ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CALERA	STATE	POSTAL CODE 35040	US
MAILING ADDRESS 824 HIGHWAY 86 ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	CALERA e 14. This FINANCING STATEMENT:	STATE	POSTAL CODE 35040	COUNTR
MAILING ADDRESS 824 HIGHWAY 86 ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	CALERA e 14. This FINANCING STATEMENT: covers timber to be cut	STATE AL Covers as-extracted	POSTAL CODE 35040	US
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