

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) LAQUITA YOUNG-WILLIAMS				
B E-MAIL CONTACT AT FILER (optional)				
	#( # ) P F [ ] # A		( <b>6 t</b>   6 f   6	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	201805 Shollby	1000163760 1/3	2 <b>\$</b> 51.20	
SPIRE ALABAMA INC	05/11/2	Cnty Judge of 2018 01:43:13 p	Probate, AL PM FILED/CERT	
2101 6TH AVE N			,, , ILLO, GERT	
BIRMINGHAM, AL. 35203				
4 DECTORIC MANGE TO A 12 TO THE PART OF TH			R FILING OFFICE	
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and pro-</li> </ol>	t, full name: do not omit, modify, of appreviate a ovide the Individual Debtor information in item 1			
1a ORGANIZATION'S NAME	<u> </u>	<u> </u>		
16 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
COOLEY	JACOB	A		
1c MAILING ADDRESS	CITY OF A	STATE	POSTAL CODE	COUNTRY
108 BRYNLEIGH DR	CHELSEA	AL	35043	US
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	t, full name, do not omit, modify, or <mark>abbreviate a</mark> ovide the Individual Debtor information in item 1			
name will not fit in line 2b, leave all of item 2 blank, check here and pro  2a. ORGANIZATION'S NAME				
Za. 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	SECURED PARTY). Provide only one Secured	Party name (3a or 3b	)	
3a. ORCANIZATION'S NAME				
SPIRE ALABAMA INC	Telega peggodili divire	LADDITIO	ALAL ALAAAT (C) (INITIA)	(c) Teuerix
36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2101 6TH AVE N	BIRMINGHAM	AL	35203	US
4. COLLATERAL: This financing statement covers the following collateral				
2 HEIL COMPLETE SYSTEMS				
M# N8MSN0451408A S# A171820682 & S# A1718	20692			
M# EAM4X24L14A S# X172145022 & S# X1726				
M# NXA424GKC S# E173603064 & S# E1736031	20			
\$12,746.00				
e				
5. Check only if applicable and check only one box. Collateral is held in a	Trust (see UCC1Ad. item 17 and Instructions)	being administe	red by a Decedent's Po	ersonal Representative
6a. Check only if applicable and check only one box:		6b. Check only	f applicable and check	only one box
Public-Finance Transaction Manufactured-Home Transaction	n A Debtor is a Transmitting Utility	Agricul	tural Lien Non	-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/	Buyer Ba	ilee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				

## UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS** 

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
		41 - 1 - 1   1 - 1   1 - 1   1 - 1   1			81 BII
9b. INDIVIDUAL'S SURNAME				0 2/2 \$51.20	
COOLEY	Shelby Cnty Judge of Probate, AL 05/11/2018 01:43:13 PM FILED/CERT				
FIRST PERSONAL NAME		05/11/2018	01:43	:13 PM FILED/C	LK I
JACOB					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
$ \mathbf{A} $	THE ABOVE SPACE IS FOR FILING OFFICE USE ONL'				
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Debtor name that did not fit in I				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			-	·	
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
			_		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u> </u>	SUFFIX
					:
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
	25.05011555.545510				
	OR SECURED PARTY'S	NAME: Provide onl	ly <u>one</u> na	ıme (11a or 11b)	
11a. ORGANIZATION'S NAME COUNTRY BOYZ HEATING & AIR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
TID. HADIVIDUAL S SURIAMIE	FING FENGUIAL IANIE	'		INAL INAMIC(G)/INTTIAL	.(3)
	<u> </u>	!			
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
•	CITY HELENA		STATE AL	POSTAL CODE	
MAILING ADDRESS  222 WADE ST  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	HELENA		AL	POSTAL CODE 35080	COUNT
222 WADE ST					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	HELENA  14. This FINANCING STATEM  covers timber to be cu	ENT:	AL	35080	US
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	14. This FINANCING STATEM  covers timber to be cu  16. Description of real estate:	ENT:	AL	35080	US
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