

| UCC FINANCING STATEMENT | | | | | |
|---|-------------------------------------|------------------------------------|-------------------|-------------------------------|----------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | |
| L WILLIAMS-YOUNG | | 20 | 01805140001 | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | Judge of Pro 0:26:17 AM F | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| SPIRE ALABAMA INC | $\neg 1$ | | | | |
| 2101 6TH AVE NORTH | ' | | | | |
| BIRMINGHAM, AL 35203 | | | | | |
| ! . | , 1 | | | | |
| | | THE ABOVE | SPACE IS FO | R FILING OFFIC | E USE ONLY |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide the provided of the provided only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provided only one Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here. | | | - | | |
| 1a ORGANIZATION'S NAME | | | | | |
| OR 15 INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | FIRST PERSONAL NAME | | ADDITIONAL NAME(S)/INITIAL(S) | |
| HAYNES | DEBORAH | | D | , , | TIAL(S) SUFFIX |
| 1c MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 889 TULIP POPLAR DR | BIRMINGHAN | 1 | AL | 35244 | US |
| DEBTOR'S NAME Provide only <u>one</u> Debtor name (2a or 2b) (use exact, fundame will not fit in line 2b, leave all of item 2 blank, check here and provided and DRGANIZATION'S NAME. 2a ORGANIZATION'S NAME. | _ | | | | |
| | | | | | |
| 26 INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIO | NAL NAME(S)/INIT | TAL(S) SUFFIX |
| 2c MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE | CURED PARTY) Provide only <u>on</u> | e Secured Par | ty name (3a or 3t |) | |
| SPIRE ALABAMA INC | | | | | |
| OR 36 INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | NAME ADDITIONAL NAME(S)/INITIAL(S) | | HAL(S) SUFFIX | |
| | • | | : | | |
| 3c MAILING ADDRESS | CITY | AT. | STATE | POSTAL CODE | COUNTRY |
| 2101 6TH AVE N | BIRMINGHAN | ' 1 | AL | 35203 | US |
| 4. COLLATERAL: This financing statement covers the following collateral: GOODMAN COMPLETE SYSTEM | | | | | |
| M# CAPF3636A6 S# 1709118568 | | | | | |
| M# GMH80603AN S# 1712151472 | | | | | |
| M# GSX140241 S# 1704254767 | | | | | |
| \$6,450.00 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5 Check only if applicable and check only one box: Collateral is held in a Tru | ist (see UCC1Ad, item 17 and Inst | ructions) | being administe | ered by a Decedent | 's Personal Representative |
| 6a. Check only if applicable and check only one box. | | | | if applicable and ch | |
| Public-Finance Transaction Manufactured-Home Transaction | A Debtor is a Transmittii | - | | | Non-UCC Filing |
| 7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor | Consignee/Consignor | Seller/Buy | erBa | illee/Bailor | Licensee/Licensor |

8 OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| 9a. ORGANIZATION'S NAME | | | | |
|---|--|-------------------------------|--|------------------|
| | | | | |
| | | | | |
| | | | 14000164980 2/2 \$4 Cnty Judge of Pro | |
| 9b. INDIVIDUAL'S SURNAME | | | 2018 10:26:17 AM F | |
| HAYNES | | | | |
| FIRST PERSONAL NAME | | | | |
| DEBORAH | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| D | | | IS FOR FILING OFFICE | |
| DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name to get agrit, modify, or abbreviate any part of the Debtor's name) and extent the | | ine 1b or 2b of the Financing | Statement (Form UCC1) (use | e exact, full n |
| to not omit, modify, or abbreviate any part of the Debtor's name) and enter the 10a. ORGANIZATION'S NAME | | | | |
| IOS. ONGANIZATIONS 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 | COUNTR |
| | | | | |
| MAILING ADDRESS | HOOVER | STATE | POSTAL CODE 35226 | COUNTE |
| 88 ROCKCREEK TRL | HOOVER | AL | 33220 | 08 |
| | | | | |
| | | | | |
| ▼ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | e 14. This FINANCING STATEM | | collateral is filed as | a fixture filing |
| REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16 | - | ut covers as-extracted | collateral is filed as | a fixture filing |
| REAL ESTATE RECORDS (if applicable) | covers timber to be c | overs as-extracted | collateral is filed as | a fixture filing |
| REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16 | covers timber to be constitution of real estates 889 Tulip Poplar D | rchase Country Clu | | |