

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)			Nataraji da juka tariji daga karta	100 201 400
L WILLIAMS-YOUNG				
B. E-MAIL CONTACT AT FILER (optional)		Shelby Chty	164990 1/2 \$35.75 Judge of Probate,	Δ١
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		05/14/2018	10:26:18 AM FILED/	CERT
SPIRE ALABAMA INC	-			
2101 6TH AVE NORTH				
BIRMINGHAM, AL 35203				
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<u></u>	THE ABO	WE SPACE IS EC	R FILING OFFICE USE	ON! Y
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (_			•
name will not fit in line 1b, leave all of item 1 blank, check here	_	•	•	
1a ORGANIZATION'S NAME				
DR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
IQAL	TINA	7.55.770		Johnson
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
617 CHEROKEE CIRCLE	BIRMINGHAM	AL	35242	US
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (t	use exact, full name, do not omit, modify, or abbreviate ar	ny part of the Debtor	r's name), if any part of the Ir	ndividual Debte
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 St	atement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME				
R	Telegat personal trans	LABBITIC	BLAT BLANET/OVABILITANI /OV	Toursey
25 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	SIGNOR SECURED PARTY): Provide only one Secured F	Party name (3a or 3)	0)	
39. ORGANIZATION'S NAME SPIRE ALABAMA INC				
3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
			, , , , ,	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2101 6TH AVE N	BIRMINGHAM	AL	35203	US
COLLATERAL: This financing statement covers the following coll GOODMAN GAS FURNACE	ateral	•		
M# GMH8063AN S# 1712246347				
\$2 <u>,500.00</u>				
				
	reld in a Trust (see UCC1Ad, item 17 and Instructions)	<u> </u>	ered by a Decedent's Persona	
 a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Tr 	ransaction A Debtor is a Transmitting Utility		if applicable and check <u>only</u> i Itural Lien Non-UCC	
The programme of the control of the	with the state of	լ լ լ ռայումա	AND CONTRACTOR	9

Consignee/Consignor

Licensee/Licensor

Bailee/Bailor

Seller/Buyer

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable).

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	ause Individual Debtor name did not fit, check here				
9а	ORGANIZATION'S NAME				
					Midden en eo
			201805140		
			, 0,1	00164990 2/2 \$35 ty Judge of Prob	
95	INDIVIDUAL'S SURNAME		05/14/201	8 10:26:18 AM FI	ate.AL
I'	QAL				CED/CERT
-	FIRST PERSONAL NAME				
	INA				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		i	THE ABOVE SPACE I	S FOR FILING OFFIC	E USE ONLY
	BTOR'S NAME: Provide (10a or 10b) only one additional Debtor name		b or 2b of the Financing S	tatement (Form UCC1) (u	se exact, full na
	not omit, modify, or abbreviate any part of the Debtor's name) and enter the	mailing address in line 100			
10	a ORGANIZATION'S NAME				
10	b INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
<u> </u>	NEW TOTAL AND ADDITIONAL MANIFESTIVALIES				Teurriy
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Ļ				TOODE TOODS	
M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
					<u> </u>
	AST APPLIANCE SERVICE INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
111		FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
111 M/	b INDIVIDUAL'S SURNAME				
F 111 28	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
F 111 28	NDIVIDUAL'S SURNAME AILING ADDRESS 8 ROCKCREEK TRL	CITY	STATE	POSTAL CODE	COUNTR
F 111 28	NDIVIDUAL'S SURNAME AILING ADDRESS 8 ROCKCREEK TRL	CITY	STATE	POSTAL CODE	COUNTR
F 111 28	NDIVIDUAL'S SURNAME AILING ADDRESS 8 ROCKCREEK TRL	CITY	STATE	POSTAL CODE	COUNTR
F 111 28	NDIVIDUAL'S SURNAME AILING ADDRESS 8 ROCKCREEK TRL	CITY	STATE	POSTAL CODE	COUNTR
M/28	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral)	HOOVER	STATE	POSTAL CODE	COUNTR
M/28	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	e 14. This FINANCING STATEMENT	STATE	POSTAL CODE 35226	COUNTR
28 AD	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	e 14. This FINANCING STATEMENT covers timber to be cut	STATE	POSTAL CODE 35226	US
28 AD	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	e 14. This FINANCING STATEMENT	STATE	POSTAL CODE 35226	COUNTR
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111 M/28 AD	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) ne and address of a RECORD OWNER of real estate described in item 16	e 14. This FINANCING STATEMENT covers timber to be cut 16. Description of real estate 617 Cherokee Circle	STATE AL Covers as-extracted of	POSTAL CODE 35226	COUNTR
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111 M/28 AD	AILING ADDRESS 8 ROCKCREEK TRL DITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) ne and address of a RECORD OWNER of real estate described in item 16	e 14. This FINANCING STATEMENT covers timber to be cut 16. Description of real estate 617 Cherokee Circle Birmingham, AL 3524 Legal Description: Lot 57 Sub Division Broken	STATE AL Covers as-extracted of the state o	POSTAL CODE 35226 collateral Is filed as	COUNTR
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