

DLLOW INSTRUCTIONS					
NAME & PHONE OF CONTACT AT FILER (optional) Jacqueline Cox		515 (5 1 s s s s s s s			
B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
		20180514000165110 1/2 \$41.00 Shelby Cnty Judge of Probate, AL			
	— I	05/14/20	18 10:26:30 AM FIL	ED/CERT	
Spire Alabama, Inc.	I I				
2101 6th Avenue North					
Birmingham, AL 35203	, 1				
	THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
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	and provide the Individual Debtor information in ite				
1a ORGANIZATION'S NAME			-		
TE INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Childress	Jason				
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
177 Stonehaven Dr	Pelham	AL	35124	US	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR	
SECURED PARTY'S NAME (or NAME of ASSIGNEE	SSIGNOR SECURED PARTY) Provide only one Sec	ured Party name (3a or 3	D)		
Spire Alabama, Inc.		<u>.</u>	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
2101 6th Avenue North	Birmingham	AL	35203	US	
COLLATERAL: This financing statement covers the following of	collateral			!	
Carrier Complete System					
M# 24ACC424A003 S# 3217E0	n4932				
M# CNPVP2414ALA S# 4617A1					
M# 58STA045-1-08 S# 4017X9	97452				
\$ 5922 <u>.00</u>					
	<u></u>	<u>-</u>			
Check only if applicable and check only one box. Collateral is	held in a Trust (see UCC1Ad item 17 and Instruction	ns) being administ	ered by a Decedent's Person	nal Represen	
		IAL ALLES	والمما والمسطور المساور والطموان والمساور	6	
a. Check <u>only</u> if applicable and check <u>only</u> one box Public-Finance Transaction Manufactured-Home	Transaction A Debtor is a Transmitting Uti		rif applicable and check <u>only</u> ultural Lien Non-UC¢		

Consignee/Consignor

Licensee/Licensor

Baitee/Bailor

Seller/Buyer

Lessee/Lessor

7 ALTERNATIVE DESIGNATION (if applicable)

8 OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here		Shelby Cnty Judge of Probate, AL 05/14/2018 10:26:30 AM FILED/CERT		
9a ORGANIZATION'S NAME				
OR 96 INDIVIDUAL'S SURNAME				
Childress FIRST PERSONAL NAME				
Jason				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	ABOVE SPACE I	S FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME Provide (10a or 10b) only one additional to do not omit, modify, or abbreviate any part of the Debtor's name) a 10a ORGANIZATION'S NAME		to of the Financing S	tatement (Form UCC1) (use	exact, full name,
OR 10b INDIVIDUAL'S SURNAME		<u>-</u>	.=	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>	<u> </u>		SUFFIX
10c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or [Z ASSIGNOR SECURED PARTY'S NAME	Provide only <u>one</u> na	rme (11a or 11b)	· I
Cool Breeze				
OR 116 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1689 Savannah Park	Birmingham	AL	35216	US

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

3. 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			
	177 Stonehaven Dr			
	Pelham, AL 35124			
	Legal Description:			
	Subdivision: Stonehaven 1st Addition			
	Map Book: 23 Page: 095			
	Block: Lot: 21			
	Parcel #: 13 6 23 4 005 021.000			
	Shelby County, Alabama			