

| NAME & PHONE OF CONTACT AT FILER [optional] .YOUNG-WILLIAMS | | | | | |
|--|--|---------------------------------|----------------------------|---|------------------|
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| | — i | A) B (B) A (A) B (A) [174 (| | : 6 81 82 83 6 18 1 1 1 | |
| SPIRE ALABAMA INC. | ' | | | | |
| 2101 6TH AVE NORTH | | 20180730000 | | | |
| BIRMINGHAM, AL 35203 | | Shelby Cnty 07/30/2018 | Judge of Pi 02:53:52 PM | FILED/CERT | |
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| | | THE ABOVE SP. | | ING OFFICE USE | |
| INITIAL FINANCING STATEMENT FILE # 20180511000163560 | | | to be filed | NCING STATEMENT [for record] (or recor | |
| ✓ TERMINATION: Effectiveness of the Financing Statement ide | entified above is terminated with respect to sec | curity interest(s) of the | | TATE RECORDS. horizing this Terminati | ion Statement |
| CONTINUATION: Effectiveness of the Financing Statement | | | | | |
| continued for the additional penod provided by applicable law | | | | | |
| ASSIGNMENT (full or partial). Give name of assignee in item | n 7a or 7b and address of assignee in item 7c; | and also give name of | assignor in item 9 |). | |
| AMENDMENT (PARTY INFORMATION): This Amendment a | affects Debtor or Secured Party of | recard. Check only o | ne of these two bo | x e s | |
| Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate i | | ame. Give record nam | e – ADD nar | ne. Complete item 7a | a or 7h, and al- |
| CHANGE name and/or address. Give current record name in iter name (if name change) in item 7a or 7b and/or new address (if action 1) and/or new address (if action 1) and/or new address (if action 2) and (if action 2) are action 2) and (if action 2) and (if action 2) are action 2) are action 2) and (if action 2) are action 2) and (if action 2) are action 2) are action 2) and (if action 2) are ac | ddress change) in item 7cto be delete | ed in item 6a or 6b. | | also complete items 7 | |
| CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME | | | | | |
| | | | | | |
| 6b INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| KOHLER | SUSAN | | A | | |
| 76. INDIVIDUAL'S LAST NAME | FIRST NAME | _ | MIDDLE NAME | | SUFFIX |
| | love (| | STATE POS | TAL CODE | COUNTR |
| MAILING ADDRESS | CITY | | AL 35 | 127 | US |
| | PELHAM | | AL J | | |
| 7 STONE HAVEN TRACE ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7e. TYPE OR | PELHAM | SANIZATION | | TIONAL IO#, if any | |
| 7 STONE HAVEN TRACE ADD'L INFO RE 7e. TYPE OF ORGAL ORGANIZATION DEBTOR | PELHAM NIZATION 7f JURISDICTION OF ORG | SAÑIZATION | | TIONAL ID#, if any | |
| 7 STONE HAVEN TRACE ADD'L INFO RE 7e. TYPE OF ORGAL ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one bo | PELHAM NIZATION 7f JURISDICTION OF ORG | | | ATIONAL ID#, if any | |
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| AMENDMENT (COLLATERAL CHANGE): check only one bookscribe collateral deleted or added, or give entire revised by the second authorizing the second authorizing deleted of the second authorizing the second authorizing deleted of the second authorizing the second authorizing deleted of the second authorizing delete | PELHAM 7f JURISDICTION OF ORG ox. estated collateral description, or describe collateral description of describe collateral describe collateral describe collateral describe collateral description of describe collateral describe collateral describe collateral describe collateral description of describe collateral describe collateral describe collateral description of describe collateral | lateral assigned. | 7g. ORGANIZA | nendment authorized | |
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