JCC FINANCING STATEMENT OLLOWINSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) L. YOUNG-WILLIAMS B. E-MAIL CONTACT AT FILER (optional)	39,00			
SPIRE ALABAMA 2101 6TH NORTH BIRMINGHAM, AL 35203		80917000332890 1by Cnty Judge 17/2018 12:55:	1/2 \$39.05 of Probate, AL 19 PM FILED/CERT	
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1	• " •		R FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME				
16. INDIVIDUAL'S SURNAME TERWEY	FIRST PERSONAL NAME MARGARET	ADDITIO G	ADDITIONAL NAME(\$)/INITIAL(\$)	
c. MAILING ADDRESS 1116 WILLOW CREEK CT.	ALABASTER	STATE	POSTAL CODE	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here	b) (use exact, full name; do not omit, modify, or abbreviate			
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2	b) (use exact, full name; do not omit, modify, or abbreviate	any part of the Debtor 10 of the Financing St	is name); if any part of the l	ndividual Debto
DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	b) (use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor Information in item	any part of the Debtor 10 of the Financing St	's name); if any part of the latement Addendum (Form L	ndividual Debto
DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNÉE of 3a ORGANIZATION'S NAME SPIRE ALABAMA INC	b) (use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor Information in item FIRST PERSONAL NAME CITY	any part of the Debtor 10 of the Financing St ADDITIO	's name); if any part of the I atement Addendum (Form L NAL NAME(S)/INITIAL(S) POSTAL CODE	ndividual Debto
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DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a ORGANIZATION'S NAME SPIRE ALABAMA INC	b) (use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor Information in item FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY): Provide only one Secure	any part of the Debtor 10 of the Financing St ADDITIO STATE	rs name); if any part of the latement Addendum (Form L	ndividual Debto JCC1Ad) SUFFIX COUNTRY

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6b. Check <u>only</u> if applicable and check <u>only</u> one box 6a. Check only if applicable and check only one box: A Debtor is a Transmitting Utility Public-Finance Transaction Manufactured-Home Transaction Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

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 [9a ORGANIZATION'S NAME 96 INDIVIDUAL'S SURNAME Shelby Cnty Judge of Probate: AL TERWEY 09/17/2018 12:55:19 PM FILED/CERT FIRST PERSONAL NAME **MARGARET** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX G THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name. do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY POSTAL CODE 10c. MAILING ADDRESS STATE CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME HEMPHILL SERVICES, INC 11b INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME COUNTRY POSTAL CODE 11c. MAILING ADDRESS STATE CITY US **BIRMINGHAM** 35210 **2242 ALTON RD** \mathbf{AL} 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT Is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16. 16. Description of real estate (if Debtor does not have a record interest) 1116 Willow Creek Ct. Alabaster, AL 35007 **Legal Description: Lot 49**

Sub Divison Willow Crest Phase 2

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Parcel # 13 7 26 4 001 012.009

Shelby County, Alabama

International Association of Commercial Administrators (IACA)

17. MISCELLANEOUS: