Shell	32.50			
	12.90			
	44,10			
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) L. YOUNG-WILLIAMS				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		2018091700033292		ll .
SPIRE ALABAMA INC 2101 6TH NORTH	1 5		ge of Probate, AL 5:22 PM FILED/CERT	-
BIRMINGHAM, AL 35203				
	THE	ABOVE SPACE IS FO	OR FILING OFFICE USE	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	exact, full name, do not omit, modify, or abbrev	riate any part of the Debto	r's name); if any part of the	Individual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here are are all ORGANIZATION'S NAME	nd provide the Individual Debtor information in it	tern to or the Financing St	atement Aggengum (Form)	UUC IAU)
OR 15 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
TURNER	CRYSTAL	ADDITIO	MAC MANUC(S)/MATTAC(S)	Jaorrix
1c MAILING ADDRESS 2112 ARROWLEAF DR	BIRMINGHAM	STATE	POSTAL CODE 35244	COUNTRY
2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are	exact, full name, do not omit, modify, or abbreved provide the Individual Debtor information in it			
2a. ORGANIZATION'S NAME	ta provide the marvidual Debtor imormation in it	tent to or the rithancing of	Laternent Addendam (Form	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL S SURNAME	CIRST PERSONAL NAME	ADDITIO	MARE MAINE(S)/MITTAL(S)	SOFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY): Provide only one Sec	cured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME				•
SPIRE ALABAMA INC 36 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			Incotu cons	OCCUPITOV
3c. MAILING ADDRESS 2101 6TH AVE N	BIRMINGHAM	AL	35203	US
M# 4A7A4060L1000AA S# 18205	EM BIUUIG BJFRCG			
\$ 8,600.00				

held in a Trust (see UCC1Ad, item 17 and Instructions)

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

International Association of Commercial Administrators (IACA)

Agricultural Lien

Bailee/Bailor

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

6b. Check only if applicable and check only one box

Manufactured-Home Transaction

Lessee/Lessor

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is

6a. Check only if applicable and check only one box:

Public-Finance Transaction

7 ALTERNATIVE DESIGNATION (if applicable).

8 OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a ORGANIZATION'S NAME	<u>-</u> -	-						
		1000	(6) 6 12 11 1 6 1	PP 5 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	1 ////////							
					20180917000332920 2/2 \$44.90			
96 INDIVIDUAL'S SURNAME			Shelby Cnty Judge of Probate, AL 09/17/2018 12:55:22 PM FILED/CERT					
TURNER			, 2016	2:55:22 PM FILED/(CERT			
FIRST PERSONAL NAME								
CRYSTAL	lauren	_						
ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX							
DEDTORIO III III III III III III III III III				IS FOR FILING OFFICE				
DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the materials.		in line 1b or 2b of the f	Financing S	Statement (Form UCC1) (use	exact, full n			
10a ORGANIZATION'S NAME								
10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME		· - ·						
					1			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX			
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTI			
MAILING ADDRESS	COLL		SIAIE	FOSTAL GODE	000,411			
CONTRACTOR DECURED DARRENGE CONTRACTOR	OF OCCUPED BART	40 MMC	<u> </u>					
ADDITIONAL SECURED PARTY'S NAME or Z ASSIGN	OR SECURED PART	S NAME: Provide	only <u>one</u> na	ame (11a or 11b)				
MYER'S COMFORT SPECIALISTS								
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	T PERSONAL NAME ADDITIONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX			
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR			
60 COMMERCE PKWY	PELHAM		AL	35124	US			
			14 This FINANCING STATEMENT: covers timber to be cut					
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)			-extracted	collateral	fixture filing			
Name and address of a RECORD OWNER of real estate described in item 16		cut covers as	-extracted	collateral 📝 is filed as a	fixture filing			
REAL ESTATE RECORDS (if applicable)	covers timber to be 16 Description of real esta	te:	-extracted	collateral 🚺 is filed as a	fixture filing			
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be	te:	-extracted	collateral 📝 is filed as a	fixture filing			
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be 16 Description of real esta 2112 Arrowleaf D	ecut covers as te: 2. 35244 2. cchase West 1 2. Page 002			fixture filing			