

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 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) SPIRE ALABAMA 2101 6TH NORTH BIRMINGHAM, AL 35203 | |



20180917000333070 1/2 \$41.60
Shelby Cnty Judge of Probate, AL
09/17/2018 01:40:59 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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 ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | | |
|--------------------------------------------|-----------------------------------------|-----------------------|-------------------------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME HILL | | FIRST PERSONAL NAME JAMES | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 196 CHASE DR | | CITY PELHAM | STATE AL | POSTAL CODE 35124 | COUNTRY US |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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 Statement Addendum (Form UCC1Ad)

| | | | | | |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|-----------------------------------------------------|--------------------------|---------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME SPIRE ALABAMA INC | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 2101 6TH AVE N | | CITY BIRMINGHAM | STATE AL | POSTAL CODE 35203 | COUNTRY US |

4. COLLATERAL: This financing statement covers the following collateral:

LENNOX COMPLETE SYSTEM
M# C35-48B-2F-210C74 S# 6018C08533
M# ML180UH090P48B S# 1718E15979
M# 14ACX-048-230-21 S# 1918D17917

\$ 6,400.00

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

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

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

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

OR 9b. INDIVIDUAL'S SURNAME

HILL

FIRST PERSONAL NAME

JAMES

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

MYER'S COMFORT SPECIALISTS

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

260 COMMERCE PKWY

CITY

PELHAM

STATE

AL

POSTAL CODE

35124

COUNTRY

US

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:

☐ 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:

**196 Chase Dr.
Pelham, AL 35124**

Legal Description:

Lot 13

Sub Divison Royal Oaks 8th Sector

Map Book 24 Map Page 113

Deed Book 2017 Deed Page 0807000283840

Parcel #13 1 02 0 001 004.060

Shelby County, Alabama

17. MISCELLANEOUS: