UCC FINANCING STATE		1. 25 J. County			
FOLLOWINSTRUCTIONS A. NAME & PHONE OF CONTACT AT F	·				
Jacqueline Cox					
B. E-MAIL CONTACT AT FILER (options	al)	U.O.181114U			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		17000333090 1	2 \$43 25	
Spire Alabama, Inc. 2101 6th Avenue North		201809 Shelby 09/17/	Cnty Judge 0 2018 01:41:01	Probate: AL PM FILED/CERT	
Birmingham, AL 35203		1			
- DEDTORIO MANG				R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only <u>one</u> to name will not fit in line 15, leave all of item 1a. ORGANIZATION'S NAME	· <u>- · ·</u>	full name, do not omit, modify, or abbreviate a vide the Individual Debtor information in item 1			
or 16. INDIVIDUAL'S SURNAME Jones		FIRST PERSONAL NAME William	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
6. MAILING ADDRESS 153 Cambridge Ln		Alabaster	STATE	POSTAL CODE 35007	COUNTRY
2a. ORGANIZATION'S NAME		full name; do not omit, modify, or abbreviate a vide the Individual Debtor information in item 1			
name will not fit in line 2b, leave all of item 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME) 3a. ORGANIZATION'S NAME	2 blank, check here and prov	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

I DO ODCANIZATIONIC NAME				
9a. ORGANIZATION'S NAME				
OF THE PROPERTY OF THE PARTY OF				
Jones	20180917000333090 2/2 \$43.25 Shelby Cnty Judge of Probate, AL			
FIRST PERSONAL NAME	<u>-</u>	09/17/2018	01:41:01 PM FILED	CERT
William				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			IS FOR FILING OFFICE	_
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name		ine 1b or 2b of the Financing \$	Statement (Form UCC1) (use	e exact, full n
10a. ORGANIZATION'S NAME				
406 INDUSTRIALIC CURRIANT				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME		 · · · · · · · · · · · · · · · · · · 		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
				GGITTA
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTE
T OFOURER PARTIES				
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S	NAME: Provide only <u>one</u> na	ame (11a or 11b)	
Turn Key Heating & Air				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	I			
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
MAILING ADDRESS 21 Independence Dr ADDITIONAL SPACE FOR ITEM 4 (Collateral):	Alabaster	STATE	35007	COUNTR
21 Independence Dr				
21 Independence Dr ADDITIONAL SPACE FOR ITEM 4 (Collateral):	Alabaster	AL.	35007	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe	recorded) in the 14. This FINANCING STATEM covers timber to be cu	AL.	35007	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describe	recorded) in the 14. This FINANCING STATEM covers timber to be cu	ENT: t covers as-extracted	35007	US
21 Independence Dr ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or	recorded) in the 14. This FINANCING STATEM covers timber to be cued in item 16 153 Cambridge Ln	ENT covers as-extracted O7 ridge Pointe Sector	35007 collateral ✓ is filed as a	US