

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) L.YOUNG-WILLIAMS						
B. E-MAIL CONTACT AT FILER (optional)						
O DENIS ASIANGMA EDGNENT TO MISSIS SALAMAN						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		20180917000333110 1/2 \$ 42,20				
SPIRE ALABAMA INC 2101 6TH AVE N	!	Shelb	y Chty Jud	ge of Probate, 1:03 PM FILED/	AL	
BIRMINGHAM, AL 35203		03717	72010 01:4	T:US PM FILED/	CERT	
<u></u>		THE AROVE	SDACE IS EO	R FILING OFFICE	IISE ONI V	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit,					
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debto	r information in item 10 of t	he Financing Sta	atement Addendum (Fr	orm UCC1Ad)	
1a ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
KUSH	DAVID	DAVID		J		
1c MAILING ADDRESS 1829 STONEBROOK LN			STATE	POSTAL CODE 35242	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (u	use exact, full name; do not omit, i	nodify, or abbreviate any pa	i art of the Debtor	I 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 Debto	r information in item 10 of t	he Financing Sta	atement Addendum (Fe	orm UCC1Ad)	
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	IGNOR SECURED PARTY): Pro	ride only <u>one</u> Secured Party	name (3a or 3b)		
SPIRE ALABAMA INC						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME ADDITIONAL NAME(S)/INITIAL(S) S		(S) SUFFIX		
3c. MAILING ADDRESS	CITY	CHAM	STATE	POSTAL CODE	COUNTRY	
2101 6TH AVE NORTH	BIRMIN	GHAM	AL	35203	US	
4. COLLATERAL: This financing statement covers the following coll TRANE COMPLETE SYSTEM	ateral ⁻					
M# 4TTR4030L1000A S# 1818385K5F						
M# TUE1B080A9361A S# 181855U4G1G						
M# 4TXCB003D534CA S# 180621GTXG						
\$6,775.00						
5. Check only if applicable and check only one box: Collateral is h	eld in a Trust (see UCC1Ad, item	17 and Instructions)	being administer	red by a Decedent's P	ersonal Representative	
6b. Check only if applicable and check only one box.						
Public-Finance Transaction Manufactured-Home Tr		Transmitting Utility			-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesson	r Consignee/Consign	or Seller/Buyer	Bai	lee/Bailor	Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
				H (B)))
		2018091	7000333110 2/2 \$ 4	
9b INDIVIDUAL'S SURNAME		sneiby (Onty Judge of Pro	oate ol
KUSH		09/17/20	018 01:41:03 PM F	ILED/CER
FIRST PERSONAL NAME TO A 3/TID				
DAVID ADDITIONAL MAME (SYMMETIAL (S)	SUFFIX			
ADDITIONAL NAME(S)/INITIAL(S)				
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name			IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		.o or the ringreing t	statement (Form OCOT) (Ga	e exact, tall t
10a ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME		·		
		·· ·		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
HONDOAL O ABBITTOTIAL TOTAL TOTAL TOTAL				
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
HEMPHILL SERVICES, INC 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY	STATE	POSTAL CODE	SUFFIX
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS 242 ALTON RD				
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS 242 ALTON RD	CITY	STATE	POSTAL CODE	COUNT
MAILING ADDRESS 242 ALTON RD ADDITIONAL SPACE FOR ITEM 4 (Collateral):	BIRMINGHAM	STATE	POSTAL CODE	COUNT
MAILING ADDRESS 242 ALTON RD ADDITIONAL SPACE FOR ITEM 4 (Collateral):	BIRMINGHAM 14. This FINANCING STATEMENT:	STATE	POSTAL CODE 35210	COUNT
MAILING ADDRESS 242 ALTON RD ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	BIRMINGHAM 14. This FINANCING STATEMENT:	STATE	POSTAL CODE 35210	COUNT
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