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 INC Shelby Cnty Judge of Probate, AL **2101 6TH NORTH** 09/18/2018 10:31:47 AM FILED/CERT BIRMINGHAM, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 1b, leave all of item 1 blank, check here. 1a ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 16 INDIVIDUAL'S SURNAME **CAROLYN** DREW STATE POSTAL CODE 1c MAILING ADDRESS US 35242 BIRMINGHAM \mathbf{AL} 167 SHEFFIELD LN 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 2b, leave all of item 2 blank, check here 2a ORGANIZATION'S NAME OR SUFFIX ADDITIONAL NAME(S)/INITIAL(S) 2b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY STATE 2c. MAILING ADDRESS CITY 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 36 INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE STATE 3c MAILING ADDRESS US 35203 **BIRMINGHAM** AL2101 6TH AVE N

4. COLLATERAL: This financing statement covers the following collateral

RUUD WATER HEATER M# PROG50-38N-RU60

S# Q151823178

\$ 2,105.00____

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:	6b Check only if applicable and check only one box
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agnicultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (flapplicable).	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a ORGANIZATION'S NAME	····			
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DREW		20180918000333840 2/2 \$35.30 20180918000333840 2/2 \$35.30 Shelby Cnty Judge of Probate: AL 5helby Cnty Judge of Probate: AL 09/18/2018 10:31:47 AM FILED/CERT		
FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · ·	Shelby Chi	3 10:31:47 AM FILE), o
CAROLYN		09, 10, ==		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
L		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME. Provide (10a or 10b) only one additional [-
do not omit, modify, or abbreviate any part of the Debtor's name) a 10a ORGANIZATION'S NAME	and enter the mailing address in line 100	. <u>-</u>		
	<u> </u>			
106 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>			SUFFIX
c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
` 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 1533 WARRIOR RD	CITY BIRMINGHAM	STATE	POSTAL CODE 35218	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS 1533 WARRIOR RD 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or record). EAL ESTATE RECORDS (if applicable)	CITY BIRMINGHAM corded) in the 14. This FINANCING STATEMEN covers timber to be cut	STATE	POSTAL CODE 35218	COUNTRY
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