

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (options	ał)	7			
L. YOUNG-WILLIAMS		_			
B. E-MAIL CONTACT AT FILER (optional)		#(E/P2://acm.us)	P.B. (44 a. )		
C. SEND ACKNOWLEDGMENT TO: (Name and Add	dress)				
SPIRE ALABAMA		20180918000333850 1/2 \$43.85 Shelby Cnty Judge of Probate, AL			
2101 6TH NORTH		ouetph CU	(Y Judge ni	Probate, AL AM FILED/CERT	
BIRMINGHAM, AL 35203		<b>1</b>	- 10.01.40	HM FILED/CERT	
<b>!</b> .	1				
<u> </u>		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1 DEBTOR'S NAME: Provide only one Debtor name (1a		t, modify, or abbreviate any p	art of the Debtor	s name) if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check to	here and provide the Individual Det	otor information in item 10 of	the Financing Sta	atement Addendum (Form U)	CC1Ad)
1a ORGANIZATION'S NAME					
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
DUNN		KEDRIC		$\mathbf{A}$	
1c MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
240 PHILLIPS DR.	VINCE	NT	AL	35178	US
2. DEBTOR'S NAME: Provide only one Debtor name (2a					
name will not fit in line 2b, leave all of item 2 blank, check t	here and provide the Individual Det	otor information in item 10 of	the Financing Sta	atement Addendum (Form Ud 	CC1Ad) ————
2a ORGANIZATION'S NAME					
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
20 INDIVIDORE 3 SORMANIE					
2c. MAILING ADDRESS	CITY	<del></del> .	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	E of ASSIGNOR SECURED PARTY) P	rovide only <u>one</u> Secured Part	y name (3a or 3b	)	
38 ORGANIZATION'S NAME					
SPIRE ALABAMA INC  35 INDIVIDUAL'S SURNAME	TEIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
SO INDIVIDUAL S SURVIVANCE					
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2101 6TH AVE N	BIRMIN	NGHAM	AL	35203	US
4. COLLATERAL: This financing statement covers the folio	owing collateral				
TRANE COMPLETE SYSTEM	000001/01/0				
	82028X91G				
M# 4TTR4030L1000A S# 1	8081L5R3F 8054X1U5G				
\$ 7,872.00					
5. Check only if applicable and check only one box. Collatera	Lis held in a Trust (see UCC1Ad. ite	m 17 and Instructions)	being administe	red by a Decedent's Person	al Representative
6a. Check only if applicable and check only one box	,—			of applicable and check only	
Public-Finance Transaction Manufactured		s a Transmitting Utility		tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable). Less	ee/Lessor Consignee/Consi	gnor Seller/Buye	er Ba	ilee/Bailor Licer	isee/Licensor

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 96 INDIVIDUAL'S SURNAME Shelby Chty Judge of Probate, AL DUNN 09/18/2018 10:31:48 AM FILED/CERT FIRST PERSONAL NAME KEDRIC SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 10b INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY STATE POSTAL CODE CITY 10c MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME SERVICE EXPERTS HEATING & AIR, LLC SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 11b INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE STATE CITY 11c MAILING ADDRESS US 35210 **IRONDALE** AL 2524 COMMERCE SQ W 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 s filed as a fixture filing covers as-extracted collateral covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 240 Phillips Dr. Vincent, AL 35178 **Legal Description:** Com @ Inter Of S Ln Ne1/4&E R/w Co Rd 81Nwly Alg r/w 680 To Pob cont Alg r/w 210 Nely420 Sely210 Swly 420 To Pob Parcel # 07 5 15 1 002 014.000 Shelby County, Alabama 17 MISCELLANEOUS