

UCC FINANCING STATEMENT AMENDME	FNT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	<b>—</b>				
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SPIRE ALABAMA INC 2101 6TH AVE NORTH					
BIRMINGHAM, AL 35203			000397	130 1/1 \$.00	
		Shelby C	nty Ju	dge of Probate: 09:34 AM FILED/C	ERT
		11705720	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	03.01	
		THE ABOVE SPACE	E IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE #			1b. This	FINANCING STATEMEN	IT AMENDMENT is
20160919000340680				e filed [for record] (or reco AL ESTATE RECORDS.	orgeg) in the
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to	security interest(s) of the Se	cured Par	ty authorizing this Termina	tion Statement.
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.</li> </ol>	I above with respect to security i	nterest(s) of the Secured P	arty auth	orizing this Continuation S	tatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item :	c: and also give name of a	ssignor in	item 9.	
		of record. Check only one	_		
Also check one of the following three boxes and provide appropriate information					
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	o; also give new DELETE ange) in item 7c to be de	name: Give record name eted in item 6a or 6b.	AC ite	D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable
6. CURRENT RECORD INFORMATION:				<u> </u>	
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
HERRING	JAMES		R	17-111-12	Johns
7. CHANGED (NEW) OR ADDED INFORMATION:					<u> </u>
7a. ORGANIZATION'S NAME					
OR					
75 INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME	
7. MAH ING ADDRESS	CITY		CTATE	IDOCTAL CODE	COUNTRY
7c. MAILING ADDRESS 641 CREEKVIEW DR	PELHAM		STATE	POSTAL CODE	US
ADD'L INFO RE 7e. TYPE OF ORGANIZATION		RGANIZATION		ANIZATIONAL ID#, if any	
ORGANIZATION ' DEBTOR					Пиом
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					Цион
Describe collateral deleted or added, or give entire restated coll	liateral description, or describe	collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assign	nor, if this is an Assignment)	. If this is	an Amendment authorized	l by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination author	rized by a Debtor, check here	and enter name of DEBT	OR autho	rizing this Amendment.	
9a. ORGANIZATION'S NAME COLDE: A L. A D. A M.A. INIC					
SPIRE ALABAMA INC  9b. INDIVIDUAL'S LAST NAME	FIRST NAME	-···	MIDDLE	NAME	ISUFFIX

10. OPTIONAL FILER REFERENCE DATA