

UCC FINANCING STATEMENT

3. SECURED PARTY'S NAME (or NAME of ASSIGNER of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a of 3b) 3a ORGANIZATION'S NAME SPIRE ALABAMA INC OR 3b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SJINITIAL(S)) SUFFIX 2c MAILING ADDRESS 2101 6TH AVE N ACCULATERAL: This financing statement covers the following collateral: AMERICAN STANDARD COMPLETE SYSTEM M# 4A7A4024L1000 S# 18302NACAF M# AUDI A060A9241B S# 18051K521G M# 4TXCA002DS3HCA S# 173240LUSG 5. Check only if applicable and check only one box. Collateral isheld in a Trust (see UCC1Ad, item 17 and instructions)being administered by a Decedent's Personal Representing the Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable) Licansee/Loopsor	FOLLOWINSTRUCTIONS		•					
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								<u> </u>
8. OPTIONAL FILER REFERENÇE DATA			Lessee/Lessor	Consignee/Consign	O Deligition	re₁		.compacticonsul

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here	ement, if line 1b was left blank			
9a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·			
96 INDIVIDUAL'S SURNAME				I I III
COFFMAN				
FIRST PERSONAL NAME		20181205000425	880 2/2 \$42.05	
PAUL	SUFFIX	shalby Coty Ju	dge of Probate, A 37:55 PM FILED/CE	L RT
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor	name or Debtor name that did not fit in line		S FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Debtor's name) and ent		to dr 20 of the Childreng o	tatement (t om ood r) (ase	oxect, ion io
10a ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME			<u> </u>	· · · ·
INDIVIDUAL'S FIRST PERSONAL NAME			. <u> </u>	<u>.</u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF Z AS	SSIGNOR SECURED PARTY'S N	AME: Provide only <u>one</u> na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	CIONING INC			
DORROH HEATING & AIR CONDIT				
•				1 CLIECTY
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				COUNTRY
MAILING ADDRESS 14 MEADLAND CIR	CITY HUEYTOWN	STATE	POSTAL CODE 35023	
MAILING ADDRESS 14 MEADLAND CIR	CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS 14 MEADLAND CIR ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	t) in the 14. This FINANCING STATEMEN covers timber to be cut	STATE	POSTAL CODE 35023	COUNTRY
MAILING ADDRESS 14 MEADLAND CIR ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or recorded)	t) in the 14. This FINANCING STATEMEN covers timber to be cut	STATE	POSTAL CODE 35023	COUNTRY
MAILING ADDRESS 14 MEADLAND CIR ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in iter	t) in the 14. This FINANCING STATEMEN covers timber to be cut	STATE	POSTAL CODE 35023	COUNTRY