

TOEEOW 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	
2101 6TH AVE NORTH	-
BIRMINGHAM, AL 35203	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact	full name; do not omit,

WADE MAILING ADDRESS 47 STRATFORD CIR DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME WILLIAM CITY PELHAM ame; do not omit, modify, or	THE ABOVE SPA abbreviate any part of ion in item 10 of the File	ADDITION B STATE AL the Debtor	of Probate: AL 88 PM FILED/CERT R FILING OFFICE USE (Is name); if any part of the Incidendum (Form UC) NAL NAME(S)/INITIAL(S) POSTAL CODE 35124 s name); if any part of the Incidendum (Is name)	SUFFIX COUNTRY US
name will not fit in line 1b. leave all of item 1 blank, check here and provide the later of the	FIRST PERSONAL NAME WILLIAM CITY PELHAM ame; do not omit, modify, or the Individual Debtor information	THE ABOVE SPA abbreviate any part of ion in item 10 of the File	CE IS FO the Debtor nancing Sta ADDITION B STATE AL the Debtor	R FILING OFFICE USE (s name); if any part of the Incident Addendum (Form UC) NAL NAME(S)/INITIAL(S) POSTAL CODE 35124 s name); if any part of the Incident Addendum (Form UC)	SUFFIX COUNTRY US
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The Individual's surname WADE MAILING ADDRESS 47 STRATFORD CIR DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide the call or	WILLIAM CITY PELHAM ame; do not omit, modify, or the Individual Debtor information		B STATE AL the Debtor	POSTAL CODE 35124 s name); if any part of the Inc	COUNTRY US
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DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	PELHAM ame; do not omit, modify, or re Individual Debtor informati		AL the Debtor	35124 s name); if any part of the Inc	US dividual Debtor's
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name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	ne Individual Debtor informati				
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			·	
. MAILING ADDRESS			ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY		STATE	POSTAL CODE	COUNTRY
SPIRE ALABAMA INC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2101 6TH AVE NORTH	BIRMINGHA	M	AL	35203	US
TEMPSTAR COMPLETE SYSTEM 14 TSA648GKA100 S# E181809486 15 M# END4X48L21A1 S# X183186322 16 M# F9MXE0802120A2 S# A182359261					
9,300.00					
Check only if applicable and check only one box. Collateral is held in a Trust (see	see UCC1Ad, item 17 and his	structions) heine	administe	red by a Decedent's Persona	Representativ
. Check only if applicable and check only one box.				applicable and check only o	-
] r	Agricus	turat Lien Non-UCC	Filing
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmit	ting Utility			

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here				
9a ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME WADE				
FIRST PERSONAL NAME WILLIAM	-	Shelb	205000425910 2/2 \$4 Coty Judge of Pro	obate, Al
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	12/05	/2018 03:37:58 PM	- ILED/CE
B		· · · · · · · · · · · · · · · · · · ·	IS FOR FILING OFFICE	
DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the materials.		1b or 2b of the Financing	Statement (Form UCC1) (use	exact, full na
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME			<u>, </u>	
INDIVIDUAL'S FIRST PERSONAL NAME		· - · · · · · · · · · · · · · ·		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or	DR SECURED PARTY'S N	AME: Provide only <u>one</u> r	ame (11a or 11b)	
11a. ORGANIZATION'S NAME	····			
L & M HEATING & AIR	Telegraphic Name	LASDITI	SNAL MARIE (CMANITIAL (C)	Terreriy
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITE	DNAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
MAILING ADDRESS 2337 DIESEL DR ADDITIONAL SPACE FOR ITEM 4 (Collateral)	MCCALLA	STATE	35111	COUNTR
2337 DIESEL DR	,			
ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	,	AL NT	35111	US
2337 DIESEL DR	MCCALLA	AL	35111	US
ADDITIONAL SPACE FOR ITEM 4 (Collateral) This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT Covers timber to be cut	AL NT	35111	US