

OL L ON MUNICIPALICATION IO				
OLLOW INSTRUCTIONS N. NAME & PHONE OF CONTACT AT FILER (optional)				
S WASHINGTON				
. E-MAIL CONTACT AT FILER (optional)			2 \$34.85	
SEND ACKNOWLEDGMENT TO: (Name and Address)			2 434 85	
	20190200	80000410-	probate, HL	
SPIRE ALABAMA INC 2101 6TH AVENUE NORTH	Shelby 02/08/2	019 11:17:05	AM FILED/CERT	
BIRMINGHAM, AL 35203				
•				
	THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (under a will not fit in line 1b, leave all of item 1 blank, check here	use exact, full name; do not omit, modify, or abbreviate at and provide the Individual Debtor information in item 10	• •		
1a ORGANIZATION'S NAME	and provide the individual Debtor information in item re	or the Financing of	atement Addendam (Form O	
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
FINK	MICHAEL	P		
c. MAILING ADDRESS	PELHAM	STATE	POSTAL CODE	COUNTRY
304 CREEKSIDE CIR	PELNAN	AL	35124	US
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		CTATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	CITY	STATE	OOTAL OODL	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS 3a. ORGANIZATION'S NAME				
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SECURED PARTY'S NAME (or NAME of ASSIGNEE	FIRST PERSONAL NAME CITY BIRMINGHAM ateral: eld in a Trust (see UCC1Ad, item 17 and Instructions)	Party name (3a or 3h ADDITIC) STATE AL being administed 6b. Check only	POSTAL CODE 35203	SUFFIX COUNTRY US al Representatione box:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

ì	On ODCANIZATION'S NAME					
	9a. ORGANIZATION'S NAME					
				0041930 2/2 \$34.85	a AL	
	9b. INDIVIDUAL'S SURNAME		Shelby Cnty Judge of Probate, Shelby Cnty Judge of Probate,			
	FINK		20190208000041930 2/2 \$34.85 20190208000041930 2/2 \$34.85 Shelby Cnty Judge of Probate, AL 02/08/2019 11:17:05 AM FILED/CERT			
	FIRST PERSONAL NAME					
	MICHAEL					
	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX				
	r	THE	ABOVE SPACE	IS FOR FILING OFFICE	USE ONL	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of		b of the Financing S	Statement (Form UCC1) (use	exact, full i	
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	mailing address in line 10c				
	10a. ORGANIZATION'S NAME					
	10b. INDIVIDUAL'S SURNAME				. <u>-</u>	
	TOD. HADI AIDOME S SOICHAIME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
:.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT	
•	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT	
			1		POCOLATI	
	378 WOOD DRIVE CIR. NE ADDITIONAL SPACE FOR ITEM 4 (Collateral):	BIRMINGHAM	AL	35215	US	
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