

NAME & PHONE OF CONTACT AT FILER (optional)				
S WASHINGTON E-MAIL CONTACT AT FILER (optional)		201	90208000041950 1/2	2 \$37 70
SEND ACKNOWLEDGMENT TO: (Name and Address)		She	lby Cnty Judge of 08/2019 11:17:07 (Probate,
SPIRE ALABAMA INC 2101 6TH AVENUE NORTH BIRMINGHAM, AL 35203				
	THE A	BOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modify, or abbreviat and provide the Individual Debtor information in item			
1a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
1b. INDIVIDUAL'S SURNAME GRAY	FIRST PERSONAL NAME. WILLIAM	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 1994 LAKEMONT DRIVE	BIRMINGHAM	STATE	35244	COUNTRY
MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSI	CITY GNOR SECURED PARTY): Provide only <u>one</u> Secur	STATE ed Party name (3a or 3l	POSTAL CODE	COUNTRY
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 2101 6TH AVENUE NORTH	BIRMINGHAM	STATE	90STAL CODE 35203	COUNTRY
COLLATERAL: This financing statement covers the following collaboration of the statement covers the				

A Debtor is a Transmitting Utility

Consignee/Consignor

Seller/Buyer

Agricultural Lien

Bailee/Bailor

International Association of Commercial Administrators (IACA)

Non-UCC Filing

Licensee/Licensor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Manufactured-Home Transaction

Lessee/Lessor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	9a. ORGANIZATION'S NAME						
					041950 2/2 \$37.70 Judge of Probate	, AL	
٦ ۔	9b. INDIVIDUAL'S SURNAME			02/08/2019 11:17:07 AM FILED/CERT			
	GRAY						
ŀ	FIRST PERSONAL NAME						
	WILLIAMS						
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
	RYAN		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONL	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or		line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full n	
_	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address in line 10c	····	<u> </u>			
	10a. ORGANIZATION'S NAME						
R	10b. INDIVIDUAL'S SURNAME		· · · · · - · · · · · · · · · · · · · ·	·-··			
-							
-	INDIVIDUAL'S FIRST PERSONAL NAME						
ļ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
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IC.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR	
] ،		OR SECURED PARTY	S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)		
- 1	11a. ORGANIZATION'S NAME ONE TENTRALE CITED VILOUE						
R L	ON TIME SERVICE	 				la==	
ויי	AAL INDUUDUUN IO CUDNINIA C						
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
C.	MAILING ADDRESS	CITY	<u></u>	STATE	POSTAL CODE	COUNTR	
c. 26			4				
c. 26	MAILING ADDRESS 68 OLD ROCKY RIDGE RD ADDITIONAL SPACE FOR ITEM 4 (Collateral):	BIRMINGHAN		STATE	POSTAL CODE	COUNTE	
c. 26	MAILING ADDRESS 68 OLD ROCKY RIDGE RD	CITY BIRMINGHAN 14. This FINANCING STATE	MENT:	STATE	POSTAL CODE 35216	COUNTE	
c. 2. / 3. [MAILING ADDRESS 668 OLD ROCKY RIDGE RD ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described in item 16	BIRMINGHAN	MENT:	STATE	POSTAL CODE 35216	COUNTR	
c. 26	MAILING ADDRESS 68 OLD ROCKY RIDGE RD 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 STATE covers timber to be of 16. Description of real estates	MENT: cut covers as-	STATE	POSTAL CODE 35216	COUNTE	
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