

UCC FINANCING STATEMENT FOLLOW 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 AVENUE NORTH				8990 1/2 \$38.15	2 8 16
BIRMINGHAM, AL 35203		Shelby (Cnty J	udge of Probate, A :08:36 AM FILED/CE	L RT
		06/03/20	<u> </u>	:00:30 HN 1 1 LLD70L	• • •
		THE ABOVE SPACE	E IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex	act, fuli name; do not omit, modi		·		
name will not fit in line 1b, leave all of item 1 blank, check here and		_			
1a. ORGANIZATION'S NAME					
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16. INDIVIDUAL'S SURNAME MCCLENNEN	DEBORAH	AVIE.	ADDITIONAL NAME(S)/INITIAL(S)		Journa
1c. MAILING ADDRESS	CITY	•	STATE	POSTAL CODE	COUNTRY
1041 DUNNAVANT PL	BIRMINGHA	λM	AL	35242	US
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex	act, full name; do not omit, modi	fy, or abbreviate any part of t	he Debtoi	r's name); if any part of the In	dividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and	provide the Individual Debtor info	ormation in item 10 of the Fin	ancing St	atement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME					
OR OF WENTERING CHENIANE	FIDOT DEDOOMAL MANE		ADDITIO	AL NAME(S)/INITIAL(S) SUFFIX	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUPPIX
2c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNC	R SECURED PARTY): Provide	only <u>one</u> Secured Party name	e (3a or 3l	b)	
3a. ORGANIZATION'S NAME SPIRE ALABAMA INC					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2101 6TH AVE NORTH	BIRMINGHAM		AL	35203	US
4. COLLATERAL: This financing statement covers the following collateral	:				
TRANE FURNACE					
M# TUE1C100A9601E					
S# 18311NAWIG					
\$4,035.00					
5. Check only if applicable and shock only one have Callateral in Their in	a Trust (see UCC1Ad, item 17 a	nd Instructions) hoise	administ	ered by a Decedent's Person	al Representative
5. Check only if applicable and check only one box: Collateral is held in 6a. Check only if applicable and check only one box:	a musi (see occimu, itelli 17 è			if applicable and check <u>only</u>	
Public-Finance Transaction Manufactured-Home Transaction	ction A Debtor is a Tra	_	_	itural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buver	B ₂	ailee/Bailor Licer	see/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

BR. ORGANIZATION'S NAME MCCLENNEN FIRST PERSONAL NAME DEBORAH ADDITIONAL NAME(S)INNITIAL(S) IDEBTOR'S NAME. Provide (10p.cr 10b) only gos additional Debtor name or Debtor name that did not ft.'s line 1b or 2b of the Financing Statement (Form LCC1) (use exact, full name or not not name that did not ft.'s line 1b or 2b of the Financing Statement (Form LCC1) (use exact, full name or not not name that did not ft.'s line 1b or 2b of the Financing Statement (Form LCC1) (use exact, full name or not not not name that did not ft.'s line 1b or 2b of the Financing Statement (Form LCC1) (use exact, full name or not	9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank							
Set Notice Statement from LCCI (See exact, fluid from the Debtor name) and error the mailing address in line 100. DEBTOR'S NAME. Provide (100 or 100) only gas additions: Debtor name or Debtor name that did not fit it line 16 or 2b of the Financing Statement (Form LCCI) (use exact, fluid from do set circle, modify, or abbrevious any part of the Debtor's name) and error the mailing address in line 100. DEBTOR'S NAME. Provide (100 or 100) only gas additions: Debtor name or Debtor name that did not fit it line 16 or 2b of the Financing Statement (Form LCCI) (use exact, fluid from do set circle, modify, or abbrevious any part of the Debtor's name) and error the mailing address in line 100. DISTRIBUTIONS NAME. DISTRIBUTIONS NAME. DISTRIBUTIONS SAME. DISTRIBUTIONS NAME. DISTRIBUTIONS NAME. To GRANLEATIONS NAME. FIRST PERSONAL NAME. FIRST PERSONAL NAME. PROVIDENT STATE POSTAL CODE. COUNTRY. To GRANLEATIONS NAME. To GRANLEA				•	-	<i>;</i>			
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10. DEDICR'S NAME: Provide (16p or 10p) only spa additions Debtor name or Debtor name that dist not it in time to critic the Financing Statement (Form UCC1) (use exact, full name do not cents, next, or altered in any port of the Debtor's name) and enter the mailing address in line 10c. 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SIZRNAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			06/03/2019 10:08:36 HM FILED/CERT				
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REAL ESTATE RECORDS (if applicable)	12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):								
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