UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) **DANELLE KING 205-326-8299** B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Shelby Cnty Judge of Probate, AL 04/16/2020 02:48:53 PM FILED/CERT SPIRE ALABAMA INC. 2101 6TH AVENUE NORTH BIRMINGHAM, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX JOHNSON ARTHUR W 1c. MAILING ADDRESS POSTAL CODE COUNTRY STATE 162 WILLOW RIDGE DRIVE INDIAN SPRINGS 35124 \mathbf{AL} US 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME SPIRE ALABAMA INC. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY POSTAL CODE 3c. MAILING ADDRESS STATE COUNTRY 2101 6TH AVENUE NORTH BIRMINGHAM \mathbf{AL} 35203 US 4. COLLATERAL: This financing statement covers the following collateral: RHEEM 50 GAL. WATER HEATER M# PROG50-38N RH60 S# Q201903950

\$ 1,605.00

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative										
6a. Check only if applicable and check only one box:	6b. 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): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor									
8. OPTIONAL FILER REFERENCE DATA:										

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if ecause Individual Debtor name did not fit, check here	ft blank						
	a. ORGANIZATION'S NAME							
				يسبي.				
)R	9b. INDIVIDUAL'S SURNAME JOHNSON			20200416000149740 2/2 \$41.55 20200416000149740 2/2 \$41.55 Shelby Cnty Judge of Probate, AL 04/16/2020 02:48:53 PM FILED/CERT				
- 1								
	FIRST PERSONAL NAME ARTHUR				4/16/2020	02:48:53 PM		
-	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
	W			THE ABOVE SPACE IS FOR FILING OFFICE USE ON				
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			line 1b or 2b of t	the Financing S	statement (Form UCC	1) (use e	exact, full n
_	10a. ORGANIZATION'S NAME							<u>-</u>
R R	· · · · · · · · · · · · · · · · · · ·							_
	10b. INDIVIDUAL'S SURNAME							
-	INDIVIDUAL'S FIRST PERSONAL NAME						<u> </u>	
-	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
	INDIVIDUAL O ADDITIONAL NAME(O)ANTALO)							
C.	MAILING ADDRESS	CITY			STATE	POSTAL CODE		COUNT
<u>.</u> [ADDITIONAL SECURED PARTY'S NAME or 🚺 ASSIGNO	OR SECUE	PARTY'S	S NAME: Prov	ide only one na	me (11a or 11b)		
֓֞֝֟֝֟֟ ֡	11a. ORGANIZATION'S NAME	<u> </u>				1110 (110 01 110)		
$_{P}$	GASPRO 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
		THOU LINGUIAL INDIVIL			7.551110	ADDITIONAL NAME(O)MINITAL(O		
	MAILING ADDRESS 7 EMERALD LAKE DR.	PELHA	 \M		STATE	POSTAL CODE 35124		COUNTE
	DDITIONAL SPACE FOR ITEM 4 (Collateral):							
3. [✓ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	I	ANCING STATEM		as-extracted o	collateral 7 is fil	ed as a fi	ixture filing
	ame and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	162 Willo Sub Divis Map Boo	son1: Willow k: 07 Pag	e: Or. Indian Springs AI 35124 ow Ridge Addition to Indian Springs age: 076				