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 SPIRE ALABAMA INC. 04/16/2020 02:48:54 PM FILED/CERT 2101 6TH AVENUE NORTH BIRMINGHAM, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY . 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |KNIGHT **JAMES** Μ 1c. MAILING ADDRESS **POSTAL CODE** COUNTRY CITY STATE 817 ST CHARLES LN HELEN 35080 ALUS 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 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2101 6TH AVENUE NORTH **BIRMINGHAM** 35203 US 4. COLLATERAL: This financing statement covers the following collateral: 40 GALLON WATER HEATER AND FUEL LINE RUN M# PROG40-38N RH62 S# Q201922990 \$ 2,500.00 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 <u>only</u> if applicable and check <u>only</u> 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/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
<u></u>				** * * * * * * * * * * * * * * * * * *		
9b. INDIVIDUAL'S SURNAME KNIGHT			20200416000149750 2/2 \$42.75			
FIRST PERSONAL NAME			~~ + \	Judge of Probat 02:48:54 PM FILE	• 7	
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DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name	or Debtor name that did not fit in			IS FOR FILING OFFICE Statement (Form UCC1) (U		
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the						
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDITALIO ADDITIONAL MANEZONIMITIĂI ZON						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY	S NAME: Provide o	nly one na	me (11a or 11b)		
11a. ORGANIZATION'S NAME THE NEIGHBORHOOD PLUMBER			, <u>3</u>			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
. MAILING ADDRESS	CITY	<u>.</u>	STATE	POSTAL CODE 35007	COUNTRY	
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. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	ALABASTER	·	AL	33007	US	
08 6TH AVE SW	ALABASTER		AL			
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the		MENT:	AL			
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		ut covers as-			a fixture filing	