Snelby					
UCC FINANCING STATEMENT AMENDMEN	T				
A. NAME & PHONE OF CONTACT AT FILER (optional)		7			
DANELLE KING					
B. E-MAIL CONTACT AT FILER (optional)					
LOANS@SPIREENERGY.COM  C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
		202004290	00166410		
SPIRE ALABAMA INC FORMERLY ALABAMA GAS CORPORATION	Y [	Shelby Cn	tv Judge	of Probate, HL	• <b>T</b>
2101 6TH AVENUE NORTH		1 04/29/202	0 09:20:2	8 AM FILED/CER	•
BIRMINGHAM, AL 35203	•				
		THE ABOVE SI	PACE IS FO	R FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STAT	TEMENT AME	NDMENT is to be file	
20170626000227650	_	(or recorded) in the KE	WE ESIMIE	CCCKD3	Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated v	vith respect to the security inte	erest(s) of Sec	ured Party authorizin	g this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected of			e of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of S	ecured Party	authorizing this Cont	inuation Statement is
5. PARTY INFORMATION CHANGE:	<u> </u>	<u> </u>	<del></del>		
Check one of these two boxes:  AND Check on	e of these three b		name: Comple	ta itam	ame: Give record name
This Change affects Debtor or Secured Party of record item 6	a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or	7b, <u>and</u> item 7	to be delet	ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char 6a. ORGANIZATION'S NAME	nge - provide only	one name (6a or 6b)			<del></del>
6b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	VAL NAME(S)/INITIAL	(S) SUFFIX $\mathbf{JR}$
CAMPBELL  7 CHANCED OR ADDED INFORMATION: Complete for Assistances or Body Information			Il nomo: do not or	nit modify or abbroviate on	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa  7a. ORGANIZATION'S NAME	10011 Criange - provide	Only One hame (12 of 10) (use exact, to	ii name, do not or	III, IIIOOIIY, OI AUDIOVIAIO AII	y part or the Deptor 5 Hame,
OR)			<del> </del>		
7b. INDIVIDUAL'S SURNAME		•			
INDIVIDUAL'S FIRST PERSONAL NAME			·	<del>_</del>	
			· · · · · · · · · · · · · · · · · · ·		
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	CITY		STATE	POSTAL CODE	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SPRINGS	STATE	POSTAL CODE 35124	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  108 WILLOW RIDGE DR		SPRINGS  DELETE collateral	AL		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  108 WILLOW RIDGE DR	INDIAN		AL	35124	COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  108 WILLOW RIDGE DR  8. COLLATERAL CHANGE: Also check one of these four boxes: AD	INDIAN		AL	35124	COUNTRY
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