FO	CC FINANCING STATEMENT AMENDMENT LLOWINSTRUCTIONS	IT			
	NAME & PHONE OF CONTACT AT FILER (optional) DANELLE KING 205-326-8299		~		
	E-MAIL CONTACT AT FILER (optional)	_	- 		
— —	DANELLE.KING@SPIREENERGY.COM				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		30300429000	166460 1/1 \$.00 Judge of Probate, AL	
	SPIRE FORMERLY		Shelby Cnty	Judge of Probate, AL 09:20:33 AM FILED/CERT	
	ALABAMA GAS CORPORATION 2101 6TH AVENUE NORTH		04/29/2020		
Ι.	BIRMINGHAM, AL 35203				-
			THE ABOVE SP	ACE IS FOR FILING OFFICE U	SE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER	•	b. This FINANCING STAT	EMENT AMENDMENT is to be filed	
	0150615000198610		Filer: <u>attach</u> Amendment A	ddendum (Form UCC3Ad) <u>and</u> provide E	
² .	✓ TERMINATION: Effectiveness of the Financing Statement identified about the Statement				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 the complete items 7.			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 Se	ecured Party authorizing this Continu	uation Statement is
5.	PARTY INFORMATION CHANGE:				
		<u>e</u> of these three bo NGE name and/or a	ddress: CompleteADD n		ne: Give record name
	CURRENT RECORD INFORMATION: Complete for Party Information Char			b, <u>and</u> item 7c to be deleted	in item 6a or 6b
,	6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	Δ1 NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	BOWERS	STEPHE		W	Johrix
	SHANCED OD ADDED INCODMATION, Associate to Assistant and Associated	<u> </u>			
	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
	7a. ORGANIZATION'S NAME	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
		tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
	7a. ORGANIZATION'S NAME	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	art of the Debtor's name)
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	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any p	
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	CITY		STATE POSTAL CODE	SUFFIX
7c. 31	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 52 CHELSEA PARK RDG	CITY	Ē A	STATE POSTAL CODE AL 35043	SUFFIX
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 52 CHELSEA PARK RDG COLLATERAL CHANGE: Also check one of these four boxes: ADI	CITY	Ē A	STATE POSTAL CODE	SUFFIX
7c. 31	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 52 CHELSEA PARK RDG	CITY	Ē A	STATE POSTAL CODE AL 35043	SUFFIX COUNTRY US
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7c. 31 8. [7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 52 CHELSEA PARK RDG COLLATERAL CHANGE: Also check one of these four boxes: □ ADI Indicate collateral: IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI this is an Amendment authorized by a DEBTOR, check here ☑ and provide in 9a. ORGANIZATION'S NAME	CHELSI Collateral MENDMENT: Propriate of authorizing	DELETE collateral ovide only one name (9a or 9b) g Debtor	STATE POSTAL CODE AL 35043 RESTATE covered collateral (name of Assignor, if this is an Assign	SUFFIX COUNTRY US ASSIGN collateral
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