| Shelby   | 32.00  |   |                     |
|--|--|---|---------------------|
|  | 7.50   |   |                     |
|  | 39.50  |   |                     |
|  |  |   |                     |
| <u> </u>   |  |   |                     |
| UCC FINANCING STATEMENT  |  |   |                     |
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |  |   |                     |
| S WASHINGTON   |  |   |                     |
| B. E-MAIL CONTACT AT FILER (optional)  |  |   |                     |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  | <b>F</b>   |   |                     |
| SPIRE ALABAMA INC  |  |   |                     |
| 2101 6TH AVENUE NORTH<br>BIRMINGHAM, AL 35203  |  |   |                     |
| 1  | į į  |   |                     |
|  | THE ABO  | OVE SPACE IS FOR FILING OFFICE USE  | ONLY                |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ename will not fit in line 1b, leave all of item 1 blank, check here and and and another in the line 1b, leave all of item 1 blank, check here in the line 1b, leave all of item 1 blank, check here in the line 1b, leave all of item 1 blank, check here in the line 1b, leave all of item 1 blank, check here in the line 1b. | · ·  |   |                     |
| 1a. ORGANIZATION'S NAME  | - Plotide the filototal process (filototalon in feth i | d of the finality of decimant frage |                     |
| OR 15. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                                    | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX              |
| KING   | NIKKI  | J   |                     |
| 1c. MAILING ADDRESS 164 CANYON TRAIL   | PELHAM   | STATE POSTAL CODE  AL 35124   | COUNTRY             |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e   |  |   |                     |
| name will not fit in line 2b, leave all of item 2 blank, check here and  |  |   |                     |
| 2a. ORGANIZATION'S NAME  |  |   |                     |
| OR 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 ASSIGNE  3a. ORGANIZATION'S NAME   | OR SECURED PARTY): Provide only one Secured            | Party name (3a or 3b)   |                     |
| 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   | AL 35203  | US                  |
| 4. COLLATERAL: This financing statement covers the following collatera   | 3i:  |   |                     |
| SURE COMFORT SYSTEM  |  |   |                     |
| M# SA1430AJINA S# W041911  | 1795   |   |                     |
| M# TCF3617STAMCA S# W221832  | 2867   |   |                     |
| M# S801SA075417MSA S# W441828  | 3401   |   |                     |
|  |  |   |                     |
| \$ 5,000.00  |  |   |                     |
|  |  |   |                     |
|  |  |   |                     |
| E. Chack patri if applicable and shock only one hav: Colleteral is hald i  | n a Truct (see LICC1Art item 17 and instructions)      | being administered by a Decedent's Perso  | nnal Representative |
| 5. Check only if applicable and check only one box: Collateral is held in the control only if applicable and check only one box:   | n a Trust (see UCC1Ad, item 17 and instructions)       | 6b. Check only if applicable and check only   | -                   |
| Public-Finance Transaction Manufactured-Home Transaction   | ""   |   | CC Filing           |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA:  | Consignee/Consignor Seller                             | /Buyer Bailee/Bailor Lic  | ensee/Licensor      |
|  |  |   |                     |
| FILING OFFICE COPY — UCC FINANCING STATEMENT (F  | orm UCC1) (Rev. 04/20/11)                              | onal Association of Commercial Admir  | nistrators (IACA    |

20210326000152940 03/26/2021 02:21:49 PM UCC1 1/2

## 20210326000152940 03/26/2021 02:21:49 PM UCC1 2/2

| UCC FINANCING STATEMENT ADDENDUM FOLLOWINSTRUCTIONS   |  |   | Filed and Recorded<br>Official Public Records<br>Judge of Probate, Shelby County Alabama, County<br>Clerk<br>Shelby County, AL |  |  |
|---|--|---|--|--|--|
| 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   | TARAM!  | 03/2<br>\$46.  | 6/2021 02:21:49 PM<br>50 CHARITY<br>10326000152940 | ح. ح م                                 |
| 9a. ORGANIZATION'S NAME   |  |   |  |  |  |
| 9b. INDIVIDUAL'S SURNAME  |  |   |  |  |  |
| KING  |  |   |  |  |  |
| FIRST PERSONAL NAME  NIKKI  |  |   |  |  |  |
| ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX   |   |  |  |  |
| $\mathbf{J}$  |  | THE ABOVE SF                                  | PACE   | S FOR FILING OFFICE L                              | JSE ONLY                               |
| 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 materials.                    |  | line 1b or 2b of the Fina                     | incing St  | atement (Form UCC1) (use                           | exact, full name;                      |
| 10a. ORGANIZATION'S NAME  |  | ······································        |  | <u></u>  | <u></u>                                |
| 10b. INDIVIDUAL'S SURNAME   |  | <u>, , , , , , , , , , , , , , , , , , , </u> |  | <u></u>  | <u></u>                                |
| INDIVIDUAL'S FIRST PERSONAL NAME  |  |   |  |  | ······································ |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  | ·   | <u></u>  | <u>.</u>   | SUFFIX                                 |
| c. MAILING ADDRESS  | CITY   | s   | TATE   | POSTAL CODE  | COUNTRY                                |
| 11a. ORGANIZATION'S NAME  COMFORT TECHNOLOGY, LLC  11b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME  | A   | DDITIO   | NAL NAME(S)/INITIAL(S)                             | SUFFIX                                 |
| . MAILING ADDRESS 379 HUEYTOWN RD   | CITY HUEYTOWN  | i   | TATE   | POSTAL CODE 35023                                  | COUNTRY                                |
|   | ALCANI LO VVIV   |   |  | JJUZJ  | US                                     |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |  |   |  |  |  |
|   | j  | <b></b>                                       |  |  |  |
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16       | 14. This FINANCING STATE  covers timber to be a 16. Description of real estate | cut covers as-ext                             | racted c   | ollateral 📝 is filed as a                          | fixture filing                         |
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)   | covers timber to be  | covers as-ext                                 | racted   | ollateral 🚺 is filed as a                          | fixture filing                         |
| 3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16 | covers timber to be a 16. Description of real estate 164 Canyon Trail          | view Townho,es Map Page 092 Deed Page 010     | Plat   | No 1   | fixture filing                         |