20220301000086040 03/01/2022 09:46:44 AM UCC1 1/2

CC FINANCING STATEMENT				
ELLOW INSTRUCTIONS				
. NAME & PHONE OF CONTACT AT FILER (optional)  LATOYA FREEMAN				
E-MAIL CONTACT AT FILER (optional)  LOANS@SPIREENERGY.COM				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
SPIRE ALABAMA INC. 20 20TH STREET SOUTH BIRMINGHAM, AL 35233				
	THE AE	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here				
1a. ORGANIZATION'S NAME				
16. INDIVIDUAL'S SURNAME  KOHLER	FIRST PERSONAL NAME  SUSAN	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S)	
MAILING ADDRESS 217 STONEHAVEN TRCE	PELHAM	STATE	35124	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us	e exact, full name; do not omit, modify, or abbreviate	any part of the Debtor	r's name); if any part of the l	Individual Debto
· · · · · · · · · · · · · · · · · · ·		<b>3</b> .		
		10 of the Financing St	tatement Addendum (Form l	JCC (Au)
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item			
name will not fit in line 2b, leave all of item 2 blank, check here			NAL NAME(S)/INITIAL(S)	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in item			,
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME  CITY	ADDITIC	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNAME)  3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME  CITY	ADDITIC	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
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2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE OF A	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM	ADDITION STATE  STATE	POSTAL CODE  POSTAL CODE  POSTAL CODE	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE ALABAMA INC.  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  40 20TH STREET SOUTH  COLLATERAL: This financing statement covers the following collate RUUD WATER HEATER  M# PROG5040NRU62  S# Q052212656	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM	ADDITION STATE  STATE	POSTAL CODE  POSTAL CODE  POSTAL CODE	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE ALABAMA INC.  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  40 20TH STREET SOUTH  COLLATERAL: This financing statement covers the following collate RUUD WATER HEATER  M# PROG5040NRU62  S# Q052212656	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM	ADDITION STATE  STATE	POSTAL CODE  POSTAL CODE  POSTAL CODE	SUFFIX
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name will not fit in line 2b, leave all of item 2 blank, check here   2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASS	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM	ADDITION STATE ALL    Deing administer	POSTAL CODE  POSTAL CODE  POSTAL CODE  35233  Pred by a Decedent's Person	SUFFIX COUNTRY US
PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME SPIRE ALABAMA INC.  MAILING ADDRESS  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME SPIRE ALABAMA INC.  MAILING ADDRESS	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM  Teral:  Id in a Trust (see UCC1Ad, item 17 and Instructions)	ADDITION STATE ADDITION STATE AL  being administer 6b. Check only	POSTAL CODE  POSTAL CODE  POSTAL CODE  35233  Pred by a Decedent's Person if applicable and check only	SUFFIX  COUNTRY  LOS  Tal Representation one box:
name will not fit in line 2b, leave all of item 2 blank, check here   2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE ALABAMA INC.  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  COUTH STREET SOUTH  COLLATERAL: This financing statement covers the following collate and a property of the property	FIRST PERSONAL NAME  CITY  SNOR SECURED PARTY): Provide only one Secure  FIRST PERSONAL NAME  CITY  BIRMINGHAM  teral:  Id in a Trust (see UCC1Ad, item 17 and Instructions)  Insaction  A Debtor is a Transmitting Utility	ADDITION STATE ADDITION STATE AL  State AL  State AL  Agricu	POSTAL CODE  DIVIDINAL NAME(S)/INITIAL(S)  POSTAL CODE  35233  Pered by a Decedent's Person if applicable and check only litural Lien  Non-UC	SUFFIX  COUNTRY  LOS  Tal Representation one box:

## 20220301000086040 03/01/2022 09:46:44 AM UCC1 2/2

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS							
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	ent; if line 1b was lef	t blank					
9a. ORGANIZATION'S NAME			-				
					Filed and Recorded		
OR 9b. INDIVIDUAL'S SURNAME			- SO		Official Public Records		
KOHLER			Service Control of the Control of th		Judge of Probate, Shelb Clerk	, County	
FIRST PERSONAL NAME			- LAHNSIS		Shelby County, AL 03/01/2022 09:46:44 AM		
SUSAN		SUFFIX			\$53.85 JOANN 20220301000086040		alli 5. Beyl
ADDITIONAL NAME(S)/INITIAL(S)							
40 DERTORIC MAME, But ide (40) and all the control Baltica at		ula a de alcala a a de <b>e</b> cción	•		IS FOR FILING OFFICE		
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter			n line 1b or 2b of the F	-inancing &	Statement (Form UCC1) (use	exact, full name;	
10a. ORGANIZATION'S NAME							
OR							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME or 📝 ASS	IGNOR SECUR	ED PARTY	''S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)		
11a. ORGANIZATION'S NAME  ONTIME SERVICE							
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
E. MAILING ADDRESS CITY				STATE POSTAL CODE		COUNTRY	
2668 OLD ROCKY RIDGE ROAD	HOOV	LK		AL	35216	US	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
12 This EINIANIOINIO OTATEMENT is to be filed for exceeding for exceeding in	a 4laa - [4.4] - FINIA	A NIONNO OTAT					
13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	—	ers timber to be		extracted :	collateral	a fixture filing	
15. Name and address of a RECORD OWNER of real estate described in item 1		on of real estat				<u> </u>	
(if Debtor does not have a record interest):	217 Ston	iehaven T	race				
		AL 3512					
	1 2	escription					
	Subdivis Block:	sion: The Lot: 23	Glen at Stoneh	iaven			
		ok: 26 P					
	ı <del>-</del>		004 007.000				
	Shelby (	County, A	labama				
17. MISCELLANEOUS:							