	CC FINANCING STATEMENT LOW INSTRUCTIONS					
Α. Ι	NAME & PHONE OF CONTACT AT FILER (opti	lonal)				
	JAYLA WEST  E-MAIL CONTACT AT FILER (optional)					
	LOANS@SPIREENERGY.COM	<b>A</b> -1 -1 <b>\</b>				
С. ; Г	SEND ACKNOWLEDGMENT TO: (Name and A	Address)				
ı	SPIRE ALABAMA INC.					
	20 20TH STREET SOUTH					
ı	BIRMINGHAM, AL 35233	<b>3</b>				
L 			THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name name will not fit in line 1b, leave all of item 1 blank, che					
-	1a. ORGANIZATION'S NAME	and provide the	Individual Deptor Information in Item 10	or the Financing St	alement Addendam (Form O	
OB		<u>.</u>				SUFFIX
	1b. INDIVIDUAL'S SURNAME  HARDWICK		FIRST PERSONAL NAME  COURTNEY		ADDITIONAL NAME(S)/INITIAL(S)	
	MAILING ADDRESS		TY	STATE	POSTAL CODE	COUNTRY
71	537 N CHANDALAR LN					
2. C	DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME	(2a or 2b) (use exact, full nam	e; do not omit, modify, or abbreviate an Individual Debtor information in item 10		35124 's name); if any part of the In	
2. C	DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	(2a or 2b) (use exact, full named and provide the	e; do not omit, modify, or abbreviate an Individual Debtor information in item 10 RST PERSONAL NAME	y part of the Debtor of the Financing Sta	35124 's name); if any part of the Interest Addendum (Form University) NAL NAME(S)/INITIAL(S)	dividual Debte
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Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 10/25/2022 12:17:23 PM **\$42.60 JOANN** 

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D	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if ecause Individual Debtor name did not fit, check here	line 1b was left blank						
	9a. ORGANIZATION'S NAME							
R								
	9b. INDIVIDUAL'S SURNAME  HARDWICK							
	FIRST PERSONAL NAME  COURTNEY							
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	E ABOVE SPACE	IS FOR FILING OFFI	CE USE ONL'			
	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 m	Debtor name that did not fit in line 1b or						
	10a. ORGANIZATION'S NAME							
R	10b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX			
 c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT			
2	MR. DRIPPY PLUMBING  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S	S) SUFFIX			
	MAILING ADDRESS  87 WEST OXMOOR RD STE 405	HOMEWOOD	STATE	POSTAL CODE 35209	COUNTE			
<u>5. 1</u>	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 (if Debtor does not have a record interest):		OD RESURV		as a fixture filing			