JAYLA WEST  B. E-MAIL CONTACT AT FILER (optional)  LOANS@SPIREENERGY.COM  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  SPIRE ALABAMA INC.  20 20TH STREET SOUTH  BIRMINGHAM, AL 35233				
SEND ACKNOWLEDGMENT TO: (Name and Address)  SPIRE ALABAMA INC. 20 20TH STREET SOUTH				
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DERTOP'S NAME: Dravido palviona Dabtor sagos (1 a as 1 b) (w			R FILING OFFICE USE	
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				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
STEPHENS	CHASE			
MAILING ADDRESS 80 LIME CREEK LANE	CHELSEA	STATE	POSTAL CODE  35043	COUNTE
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item 10			
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	GNOR SECURED PARTY): Provide only <u>one</u> Secured	Party name (3a or 3b	)	
3a. ORGANIZATION'S NAME				
SPIRE ALABAMA INC.	TEIDET DEDCONAL NAME	ADDITIONAL NAME(C)/INITIAL/C)		SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
	CITY	STATE	POSTAL CODE	COUNTR
MAILING ADDRESS		$ \mathbf{AL} $	35233	US
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Check only if applicable and check only one box: Collateral is hea. Check only if applicable and check only one box:	IEATER  Id in a Trust (see UCC1Ad, item 17 and Instructions)  Insaction	being administe  6b. Check only  Agricul	red by a Decedent's Person if applicable and check <u>only</u> tural Lien  Non-UCC	al Represent

## 20230206000029670 02/06/2023 08:50:43 AM UCC1 2/2



Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 02/06/2023 08:50:43 AM **\$42.30 BRITTANI** 

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<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater because Individual Debtor name did not fit, check here</li> </ol>	ment; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME  STEPHENS				
FIRST PERSONAL NAME  CHASE				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor not omit, modify, or abbreviate any part of the Debtor's name) and ente	name or Debtor name that did not fit in line 1b		Statement (Form UCC1) (use	
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	E(S)/INITIAL(S)			SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME  GASPRO  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 5184 CALDWELL MILL RD 200-344	HOOVER	STATE	POSTAL CODE 35244	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
<ul> <li>This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)</li> <li>Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):</li> </ul>	covers timber to be cut	covers as-extracted	collateral 🗹 is filed as a	fixture filing

17. MISCELLANEOUS: