20230213000038260 02/13/2023 01:15:23 PM UCC1 1/2

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)				
\. NAME & PHONE OF CONTACT AT FILER (optional)				
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				
	THE ABOV	/E SPACE IS FOR	R FILING OFFICE USE	ONLY
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e	exact, full name; do not omit, modify, or abbreviate any	y part of the Debtor's	s name); if any part of the In	ndividual Debt
name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME	provide the Individual Debtor information in item 10 o	of the Financing Stat	tement Addendum (Form U	CC1Ad)
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
WHITE	DANIEL	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
2005 EAGLE POINT CT	BIRMINGHAM	STATE	POSTAL CODE 35242	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	d provide the Individual Debtor information in item 10 o	of the Financing Stat	tement Addendum (Form U	CC1Ad)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY): Provide only <u>one</u> Secured Pa	arty name (3a or 3b)		
3a. ORGANIZATION'S NAME SPIRE ALABAMA INC.				
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
20 20TH STREET SOUTH	BIRMINGHAM	AL	35233	US
. COLLATERAL: This financing statement covers the following collatera	al:			
TEMPSTAR FURNACE COIL AC				
M# N80VSL0451716A2 S# A224316354				
M# N4A5S24AKAWAABAB	2			
VI# 009001246651 S# 1221720207				
M# 009001246651 S# J221720207				
M# 009001246651 S# J221720207				
M# 009001246651 S# J221720207 \$8410.00				
\$8410.00	n a Trust (see UCC1Ad, item 17 and Instructions)	7	ed by a Decedent's Persona applicable and check <u>only</u> o	•

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ancing Sta	tatement (Form UCC1) (use exact, full nar
		SUFFIX
TATE	POSTAL CODE	COUNTRY
ADDITIONAL NAME(S)/INITIAL(S)) SUFFIX
		COUNTRY
AL	35111	US
y .	one na	One name (11a or 11b) DITIONAL NAME(S)/INITIAL(S) TATE POSTAL CODE

17. MISCELLANEOUS: