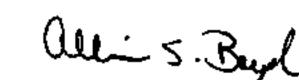
UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) JANET HOLLOWAY					
B. E-MAIL CONTACT AT FILER (optional)					
LOANS@SPIREENERGY.COM					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
SPIRE ALABAMA INC.					
20 20TH STREET SOUTH					
BIRMINGHAM, AL 35233					
	T	HE ABOVE SPA	CE IS FO	R FILING OFFICE US	EONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provi	full name; do not omit, modify, or abl				
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
DOWNS	DAVID				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
344 TURNBERRY RD	HOOVER		AL	35244	US
2 DERTOP'S NAME: Drovide only one Debter name (2e or 2h) (year event f	full name, do not amit, modific ar abb	proviete env part of	the Debter	'a nama'ı if anı nart of the	a Jadissidual Dabtasia
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, find name will not fit in line 2b, leave all of item 2 blank, check here and provide provide only <u>one</u> Debtor name (2a or 2b) (use exact, find name will not fit in line 2b, leave all of item 2 blank, check here and provide only <u>one</u> Debtor name (2a or 2b) (use exact, find name will not fit in line 2b, leave all of item 2 blank, check here					
2a. ORGANIZATION'S NAME					- -
OR	T		T		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>	T	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide only one	Secured Party name	e (3a or 3b)	
3a. ORGANIZATION'S NAME CIDITIDATE: A T. A T					
SPIRE ALABAMA INC.					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	O.T.		07475	IDOOTAL OODE	OOLINITES.
3c. MAILING ADDRESS 20 20TH STREET SOUTH	BIRMINGHAM	-	STATE	35233	COUNTRY
	DIMMINGIA	_	AL	33233	US
4. COLLATERAL: This financing statement covers the following collateral:					
SURE COMFORT GAS SYSTEM					
AC - Model# SA14AZ48AJINA	Serial#: W312	2422261			
FURNACE - Model#: S801T1005A214HSNAS	Serial#: A172	2317008			
COIL - Model#: TCFZ4821STANMC	Serial#: W1	02321930			
\$14,000					
5. Check only if applicable and check only one box: Collateral is held in a Tri	ust (see UCC1Ad, item 17 and Instru	ctions) being	administe	red by a Decedent's Pers	onal Representative
6a. Check only if applicable and check only one box:		<u> </u>		f applicable and check <u>or</u>	-
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting	Utility	Agricul	tural Lien Non-U	CC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor Li	censee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was le because Individual Debtor name did not fit, check here	ft blank
	9a. ORGANIZATION'S NAME	
OR	96. INDIVIDUAL'S SURNAME	
	DOWNS	
	FIRST PERSONAL NAME	
	DAVID	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name	that did not fit in l

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 10/15/2024 08:46:59 AM \$60.00 DANIEL 20241015000322570



	9a. ORGANIZATION'S NAME				
OR	9b. INDIVIDUAL'S SURNAME DOWNS				
	FIRST PERSONAL NAME DAVID				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb do not omit, modify, or abbreviate any part of the Debtor's name) and		line 1b or 2b of the Financing S	Statement (Form UCC1) (use	exact, full name;
OR	10a. ORGANIZATION'S NAME 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 11a. ORGANIZATION'S NAME FAST APPLIANCE SERVICE	ASSIGNOR SECURED PARTY'S	S NAME: Provide only <u>one</u> n	ame (11a or 11b)	
OR		FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 288 ROCKCREEK TRAIL	BIRMINGHAM	STATE AL	POSTAL CODE 35226	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: 344 Turnberry Rd, Hoover, AL 35244 Legal Description: Subdivision: HEATHERWOOD 4TH SECTOR 2ND ADDITION Map Book: 12 Page: 080 Block: 000 Lot: 19 Parcel#: 10 2 09 0 001 001.201 Shelby County, Alabama

17. MISCELLANEOUS: