20241212000380900 12/12/2024 08:03:16 AM UCC1 1/2

## **UCC FINANCING STATEMENT**

FOI	LOWINSTRUCTIONS										
	NAME & PHONE OF CONTACT AT FILER (optional)  JANET HOLLOWAY										
В.	E-MAIL CONTACT AT FILER (optional)										
	LOANS@SPIREENERGY.COM										
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)										
l											
	CDIDE AT ADAMA INC										
	SPIRE ALABAMA INC.										
	20 20TH STREET SOUTH BIRMINGHAM, AL 35233										
H	DIMITINGIANI, AL 33233										
1 4				THE ABOVE	SPACE IS F	OR FILING OF	FICE USE C	NLY			
1. [	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (u	ıse exact, f	ull name; do not omit, modify, or	abbreviate any	part of the Debto	or's name); if any	part of the Inc	dividual Debtor's			
r	name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)										
	1a. ORGANIZATION'S NAME										
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		LADDITI	ONAL NAME(S)/L	NITIAL (S)	SUFFIX			
	SANDLIN		DENISE		B	ADDITIONAL NAME(S)/INITIAL(S)					
4-						IDOCTAL COD	_	COLINTERY			
	MAILING ADDRESS  17 CHESTNUT DR		ALABASTER		STATE	35007		COUNTRY			
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (un name will not fit in line 2b, leave all of item 2 blank, check here		ull name; do not omit, modify, or a de the Individual Debtor informati								
I		and provid	ae the mulvidual Debtol illioimati	on in item 10 or	the Financing S		ium (Form OC	.CTAu)			
	2a. ORGANIZATION'S NAME										
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME			ONAL NAME(S)/I	NITIAL (S)	SUFFIX			
	ZD. INDIVIDUAL 3 SURINAIVIE		THE PERSONAL NAIVIE		ADDITK	JIVAL IVAIVIE(S)/I	MITIAL(S)	JOPPIX			
20	MAILING ADDRESS		CITY		STATE	POSTAL COD		COUNTRY			
20.	WAILING ADDICESS				JOIAIL	FOSTAL COD					
_											
3. 8	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI   3a. ORGANIZATION'S NAME	IGNOR SE	CURED PARTY): Provide only <u>o</u>	<u>ne</u> Secured Par	ty name (3a or 3	3b)					
	SPIRE ALABAMA INC.										
OR			FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX			
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	<u> </u> MAILING ADDRESS		CITY		STATE	POSTAL COD	 E	COUNTRY			
	D 20TH STREET SOUTH		BIRMINGHA	M	AL	35233		US			
		- <b></b>				00200					
	COLLATERAL: This financing statement covers the following colla GOODMAN GAS UNITS	aterai:									
2	GOODMAN GAS UNITS										
T	NIT 1:										
_	URNACE- M#: GR9S80060SAN	S±	<b>‡: 2409114350</b>								
	OIL - M#: CAPTAA24 22A3		: 2407057675								
_	COIL - M#: CAP I AA24 22A5 AC - M#: GLXS4MAZ2410 S#: 2411153225										
1 1		Dir •									
U	NIT 2:										
	URNACE - M#: GR9S80060SAN	S#	‡: 2409295240								
	OIL - M#: CAPTA3022A3		<b>#: 2410462954</b>								
	C - M#: 6LXS4MA3010		<b>#: 2409089123</b>								
<b>\$</b> 1	13,000										
5 6	heck <u>only</u> if applicable and check <u>only</u> one box: Collateral is he	ald in a Tou	st (see UCC1Ad, item 17 and Ins	structions)	haina administ	ared by a Dagge	ent's Darson-l	Penrocontation			
	Check <u>only</u> if applicable and check <u>only</u> one box. Collateral isne	oru III a IIU	at (ace oco mu, item i/ and ins	3ti dotion3)		ered by a Decedo if applicable and		·			
- <del></del>	Public-Finance Transaction Manufactured-Home Tra	ansaction	A Debtor is a Transmit	tina Utilitv		ultural Lien	Non-UCC I				
7 4	ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor		Consignee/Consignor	Seller/Buy		ailee/Bailor		ee/Licensor			
	OPTIONAL FILER REFERENCE DATA:				-·	2 2. 24.11VI					
J. C	ZI TIOTALLILLINEI LINEINOL DATA.										

FOLLOW INSTRUCTIONS  9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fire the state of the sta	nancing Statement; if line 1b was left	t blank				
9a. ORGANIZATION'S NAME	because Individual Debtor name did not fit, check here  9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME  SANDLIN						
FIRST PERSONAL NAME  DENISE						
ADDITIONAL NAME(S)/INITIAL(S) <b>B</b>					USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's national ORGANIZATION'S NAME			or 2b of the Financing S	Statement (Form UCC1) (use	e exact, full nam	
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME  ASSOCIATED COOLING & H		ED PARTY'S NAM	E: Provide only <u>one</u> na	ame (11a or 11b)		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
11c. MAILING ADDRESS 8927 GADSDEN HWY	TRUSS	SVILLE	STATE	POSTAL CODE <b>35173</b>	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	Off Jud Cle Sho 12/ \$58	ed and Recorded ficial Public Record dge of Probate, She erk elby County, AL /12/2024 08:03:16 A 8.50 JOANN 241212000380900	elby County Alabai	ma, County	Beyol	
<ul> <li>13. This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable)</li> <li>15. Name and address of a RECORD OWNER of real estate description.</li> </ul>	cover	NCING STATEMENT: rs timber to be cut on of real estate:	covers as-extracted	collateral <b>Z</b> is filed as a	a fixture filing	
(if Debtor does not have a record interest):	117 Ches					
	Legal De	escription:				

17. MISCELLANEOUS:

Lot: 09

Range: 03W

Subdivision: HARVEST RIDGE 1ST SECTOR

Map Book: 12 Page: 048 Block: 000

Section: 24 Township: 21S

Parcel#: 23 6 24 0 000 001.052

Shelby County, Alabama