



20260122000020560 1/2 \$44.10  
 Shelby Cnty Judge of Probate, AL  
 01/22/2026 03:26:01 PM FILED/CERT

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>JANET HOLLOWAY</b>   |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>LOANS@SPIREENERGY.COM</b>   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>SPIRE ALABAMA INC.<br/>605 RICHARD ARRINGTON JR BLVD N<br/>BIRMINGHAM, AL 35203</b> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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<br><b>LEONARD</b> |                        | FIRST PERSONAL NAME<br><b>MARTHA</b> | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c. MAILING ADDRESS<br><b>299 LACEY AVE</b> |  | CITY<br><b>MAYLENE</b> | STATE<br><b>AL</b>                   | POSTAL CODE<br><b>35114</b>   | COUNTRY<br><b>US</b> |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |      |                     |                               |         |
|-------------------------|--------------------------|------|---------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME |                          |      |                     |                               |         |
| OR                      | 2b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS     |                          | CITY | STATE               | POSTAL CODE                   | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|   |                          |                           |                     |                               |                      |
|---|--------------------------|---------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME<br><b>SPIRE ALABAMA INC.</b>          |                          |                           |                     |                               |                      |
| OR  | 3b. INDIVIDUAL'S SURNAME |                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br><b>605 RICHARD ARRINGTON JR BLVD N</b> |                          | CITY<br><b>BIRMINGHAM</b> | STATE<br><b>AL</b>  | POSTAL CODE<br><b>35203</b>   | COUNTRY<br><b>US</b> |

4. COLLATERAL: This financing statement covers the following collateral:

**50 GAL RHEEM GAS WATER HEATER**

**Model#: RHPROG50 38NRH60**

**Serial#: 0462528081**

**\$3,391**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

|                               |        |
|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME       |        |
|                               |        |
| OR                            |        |
| 9b. INDIVIDUAL'S SURNAME      |        |
| <b>LEONARD</b>                |        |
| FIRST PERSONAL NAME           |        |
| <b>MARTHA</b>                 |        |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                               |        |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

|  |        |
|--|--------|
| 10a. ORGANIZATION'S NAME                   |        |
|  |        |
| OR   |        |
| 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   |
| <b>299 LACEY AVE</b> | <b>MAYLENE</b> | <b>AL</b> | <b>35114</b> | <b>US</b> |


11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                                 |                     |                               |        |
|---------------------------------|---------------------|-------------------------------|--------|
| 11a. ORGANIZATION'S NAME        |                     |                               |        |
| <b>THE NEIGHBORHOOD PLUMBER</b> |                     |                               |        |
| OR                              |                     |                               |        |
| 11b. INDIVIDUAL'S SURNAME       | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                                 |                     |                               |        |

|                       |                  |           |              |           |
|-----------------------|------------------|-----------|--------------|-----------|
| 11c. MAILING ADDRESS  | CITY             | STATE     | POSTAL CODE  | COUNTRY   |
| <b>608 6TH AVE SW</b> | <b>ALABASTER</b> | <b>AL</b> | <b>35007</b> | <b>US</b> |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

Filed and Recorded  
 Official Public Records  
 Judge of Probate, Shelby County, Alabama, County



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*W. S. Boyd*

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:  
**299 Lacey Ave,  
 Maylene, AL 35114**

**Legal Description:**  
**Subdivision: LACEYS GROVE PH 2**  
**Book: 38 Page: 019 Block: Lot: 220**  
**Section: 8 Township: 21S Range: 03W**  
**Parcel#: 23 3 08 0 003 137.000**

**Shelby County, Alabama**

17. MISCELLANEOUS: