

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
DeAnn Garrett 205-226-1402	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Alabama Power Company 600 18th Street North Birmingham, Al 35203	

20111208000371970 1/2 \$.00 Shelby Cnty Judge of Probate, AL

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is 2020110603000163950 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 1 DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). to be deleted in item 6a or 6b. 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX Ledbetter Milton

6. CURRENT RECORD INFORMATION: S. 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX Ledbetter Barbara H. 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHOrands adds collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the authorizing Debtor, or if this is a Terminal Control of the collateral or adds the collateral	RIZING THIS AMENDMENT (name of assignor, if this mination authorized by a Debtor, check here and ent	s is an Assignment). If this is an Amendment au	thorized by a Debtor which
9a. ORGANIZATION'S NAME Alabama Power Company		The state of the s	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

2020110603000163950

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Alabama Power Company

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

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