| CC FINANCING STATEMENT AMENDME  SLLOW INSTRUCTIONS (front and back) CAREFULLY  | NT   |                            | ORIGINA   | <b>1</b> L                            |
|--|--|----------------------------|---|---------------------------------------|
| . NAME & PHONE OF CONTACT AT FILER [optional]  Laylon Mikula 205-226-1402  . SEND ACKNOWLEDGMENT TO: (Name and Address)  | Shelby   | 30400006716<br>7 Cnty Jude | 00 1/2 \$.00<br>se of Probate, AL<br>3:34 PM FILED/CERT               |                                       |
| Alabama Power Company 600 18th St N Birmingham, AL 35203   |  |                            |   |                                       |
| . INITIAL FINANCING STATEMENT FILE #   | THE ABOVE  |                            | S FINANCING STATEMENT   |                                       |
| 20110408000110400  |  | to l                       | oe filed [for record] (or recor<br>AL ESTATE RECORDS.                 |                                       |
| TERMINATION: Effectiveness of the Financing Statement identified above   |  |                            |   |                                       |
| CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law.  | bove with respect to security interest(s) of the Se  | cured Party auth           | orizing this Continuation Sta   | atement is                            |
|  | ed address of assignes in item 7s; and also give no  | ma of occionar in          | itom 0  | · · · · · · · · · · · · · · · · · · · |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an  |  |                            |   |                                       |
| AMENDMENT (PARTY INFORMATION): This Amendment affects  |  | nly <u>one</u> of these    | two boxes.  |                                       |
| Also check one of the following three boxes and provide appropriate information is   |  |                            |   |                                       |
| CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)   | also give new DELETE name: Give record ge) in item 7c.    DELETE name: Give record to be deleted in item 6a or 6   | l name □ Al<br>b. □ ite    | DD name: Complete item 7a<br>m 7c; also complete items 7              | or 7b, and a<br>'d-7g (if appli       |
| CURRENT RECORD INFORMATION:  |  |                            |   |                                       |
| 6a. ORGANIZATION'S NAME  |  |                            | <u></u>   |                                       |
|  |  |                            |   |                                       |
| 6b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE                     | NAME  | O IEEIV                               |
| MAYNOR   | AUDREY   | INIIDDEE                   | INAIVIE   | SUFFIX                                |
| IVIATIVOIC   | AUDKEI   |                            |   |                                       |
| OLIANOED AIRIAN OF ARRESTMENTAL TION   |  |                            |   |                                       |
| CHANGED (NEW) OR ADDED INFORMATION:  |  |                            |   |                                       |
| 7a. ORGANIZATION'S NAME  | ······································   |                            |   |                                       |
|  | · •  |                            |   |                                       |
| 7a. ORGANIZATION'S NAME  | FIRST NAME   | MIDDLE                     | NAME  | SUFFIX                                |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  |  | MIDDLE                     | NAME  | SUFFIX                                |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TOWNSEND  | WENDI  |                            |   | :                                     |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TOWNSEND  MAILING ADDRESS   | WENDI  | STATE                      | POSTAL CODE   | COUNTI                                |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TOWNSEND  | WENDI  |                            |   |                                       |
| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TOWNSEND  MAILING ADDRESS  1029 HENRY DRIVE   | WENDI  | STATE                      | POSTAL CODE   | COUNTE                                |
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| Townsend  Mailing address  1029 Henry Drive  Tax id #: SSN or ein   Add'l info re   7e. Type of organization   Organization   Debtor    Amendment (collateral deleted or dadded, or give entire restated collateral parts)  Name of Secured Party of record authorizing this all name is a control organization    | WENDI CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION  teral description, or describe collateral assignment and | state AL 7g. ORG           | POSTAL CODE 35007 ANIZATIONAL ID #, if any an Amendment authorized to | COUNTI                                |
| To individual's last name TOWNSEND  Mailing address 1029 HENRY DRIVE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   added    NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS All adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.  | WENDI CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION  teral description, or describe collateral assignment and | state AL 7g. ORG           | POSTAL CODE 35007 ANIZATIONAL ID #, if any an Amendment authorized to | COUNTI                                |
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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM I

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|-----|--|--------------------------------|---------------------------|
| FOL | LOW INSTRUCTIONS (front and ba   | ck) CAREFULLY                  |                           |
| 11. | INITIAL FINANCING STATEMENT  | FILE # (same as item 1a on Ame | ndment form)              |
|     | 20110408000110400  |                                |                           |
| į   | NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME Alabama Power Company | THIS AMENDMENT (same as        | item 9 on Amendment form) |
| OR  | 12b. INDIVIDUAL'S LAST NAME  | FIRST NAME                     | MIDDLE NAME, SUFFIX       |
|     |  |                                |                           |

13. Use this space for additional information



20150304000067160 2/2 \$.00 Shelby Cnty Judge of Probate, AL 03/04/2015 02:23:34 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY