		STATEMENT AN (front and back) CAREFULL				ORIGINAL	
A. NA Kay	AME & PHONE OF CO lon Mikula 205-	226-1402 SENT TO: (Name and Addresser Company		2015042 Shelby	00001: Cnty	27970 1/2 \$.00 Judge of Probate, 2:41:34 PM FILED/	AL.
1a. IN	ITIAL FINANCING STATE	MENT FILE # 201104080	20110510		1b. Th	OR FILING OFFICE USE is FINANCING STATEMENT be filed [for record] (or recor	TAMENDMENT is
2 😿	TERMINATION: Effe		nent identified above is terminated with re	espect to security interest(s) of the Se	RE	AL ESTATE RECORDS.	
3.	CONTINUATION: E	ffectiveness of the Financing St	atement identified above with respect to				
		nal period provided by applicate nartial). Give name of assigned	e in item 7a or 7b and address of assigne	e in item 7c; and also give name of as	ssignor ir	n item 9.	,
	j		dment affects Debtor or Secu				
Als	so check one of the follow	ing three boxes <u>and</u> provide app	opriate information in items 6 and/or 7.				o or 7h and aloo
	CHANGE name and/or a name (if name change) i	address: Give current record nan in item 7a or 7b and/or new addr	ne in item 6a or 6b; also give new ess (if address change) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.	it	DD name: Complete item 7: em 7c; also complete items	7d-7g (if applicable)
_	URRENT RECORD INF 6a. ORGANIZATION'S NA				······································		
	b. INDIVIDUAL'S LAST NAME MCAFEE		FIRST NAME MOLLY		MIDDLE NAME M		
	HANGED (NEW) OR AD						
OR -	b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS 190 ARABIAN ROAD			COLUM	BIANA	STATE	POSTAL CODE 35051	COUNTRY
7d. T	FAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE O ORGANIZATION DEBTOR	F ORGANIZATION 7f. JURISDICT	ION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NON
		TERAL CHANGE): check onleted or added, or give ent	y <u>one</u> box. ire restated collateral description, or	describe collateral assigned.			
a	IAME OF SECURED dds collateral or adds the 9a. ORGANIZATION'S N	authorizing Debtor, or if this is a	HORIZING THIS AMENDMENT (nan Termination authorized by a Debtor, chec	ne of assignor, if this is an Assignment ok here and enter name of DEBT	t). If this TOR aut	is an Amendment authorized horizing this Amendment.	d by a Debtor which
	Alabama Power						
OR	9b. INDIVIDUAL'S LAST		FIRST NAME		MIDDL	E NAME	SUFFIX
		NAME	FIRST NAME		MID	DL	DLE NAME

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110408000110510 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

201504200000127970 2/2 \$.00 Shelby Cnty Judge of Probate, AL 04/20/2015 02:41:34 PM FILED/CERT

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY