_	C FINANCING STATEMENT AME LOW INSTRUCTIONS (front and back) CAREFULLY	ENDMENT	2015042900013	38700 1/2 \$ 00 Judge of Probate	
	NAME & PHONE OF CONTACT AT FILER [optional]		04/29/2015 09	9:26:11 AM FILED	CERT
	nya Tarbert 226.1403				
. S	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	Alabama Power Company				
	600 18th St N Birmingham, AL 35203				
	Diffinigham, AL 33203				
ı I N	NITIAL FINANCING STATEMENT FILE #		THE ABOVE SPACE IS F	OR FILING OFFICE US	
Ħ	200208060003	367610	to	be filed [for record] (or rec	
×	TERMINATION: Effectiveness of the Financing Statement	t identified above is terminated with respect to		EAL ESTATE RECORDS. arty authorizing this Termin	ation Statement.
	CONTINUATION: Effectiveness of the Financing Statem				
	continued for the additional period provided by applicable la				
	ASSIGNMENT (full or partial): Give name of assignee in	tem 7a or 7b and address of assignee in item	7c; and also give name of assignor i	n item 9.	
Α	MENDMENT (PARTY INFORMATION): This Amendme	ent affects Debtor <u>or</u> Secured Party	of record. Check only one of these	e two boxes.	
	lso check one of the following three boxes and provide appropri				
	CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (item 6a or 6b; also give new DELETE (if address change) in item 7c. to be de		NDD name: Complete item em 7c; also complete item	
_	CURRENT RECORD INFORMATION:				
	6a. ORGANIZATION'S NAME				
ا ا	6b. INDIVIDUAL'S LAST NAME	FIDOTALANE			lau reenv
_	IND INDUMATION AND DESCRIPTION OF THE PROPERTY		MIDDLE	- NIA NAC	4 1 1 1 1 1 1 1 1
		FIRST NAME Lohn	MIDDLE		SUFFIX
	Wooten	John	MIDDLE Edwa		SUFFIX
c					SUFFIX
C	Wooten CHANGED (NEW) OR ADDED INFORMATION:				SUFFIX
C	Wooten CHANGED (NEW) OR ADDED INFORMATION:		Edwa		SUFFIX
C	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	John	Edwa	ard E NAME	
C	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	John FIRST NAME	Edwa	ard E NAME man	SUFFIX
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten	John FIRST NAME Donna	Edward MIDDLE Bown	ard E NAME man	SUFFIX
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 59 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFORE 7e. TYPE OF OR	FIRST NAME Donna CITY Alabaster	Edward MIDDLE Bown STATE AL	E NAME man POSTAL CODE	SUFFIX COUNTR
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW	FIRST NAME Donna CITY Alabaster	Edward MIDDLE Bown STATE AL	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX COUNTR US
	Wooten CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one	John FIRST NAME Donna CITY Alabaster RGANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL PRGANIZATION 7g. ORG	E NAME man POSTAL CODE 35007	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 959 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one escribe collateral deleted or added, or give entire	FIRST NAME Donna CITY Alabaster GANIZATION 7f. JURISDICTION OF O p box. restated collateral description, or describe	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTRUS
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 259 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one escribe collateral deleted or added, or give entire MAME OF SECURED PARTY OF RECORD AUTHOR	FIRST NAME Donna CITY Alabaster GANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTRUS
	CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] Wooten MAILING ADDRESS [259 3rd Ave. SW] TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR [MENDMENT (COLLATERAL CHANGE): check only one escribe collateral deleted or added, or give entire [MENDMENT (SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor.	FIRST NAME Donna CITY Alabaster GANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTRUS
	CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] Wooten MAILING ADDRESS [759 3rd Ave. SW] [7a. TYPE OF OR ORGANIZATION DEBTOR] [7a. TYPE OF ORGANIZATION DEBTOR] [7a. ORGANIZATION'S NAME]	FIRST NAME Donna CITY Alabaster GANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTRUS
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Wooten MAILING ADDRESS 759 3rd Ave. SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one escribe collateral deleted or added, or give entire MAME OF SECURED PARTY OF RECORD AUTHOR dds collateral or adds the authorizing Debtor, or if this is a Term 9a. ORGANIZATION'S NAME Alabama Power Company	FIRST NAME Donna CITY Alabaster GANIZATION Testated collateral description, or describe EZING THIS AMENDMENT (name of assignmention authorized by a Debtor, check here	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTR US y
	CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] Wooten MAILING ADDRESS [759 3rd Ave. SW] [7a. TYPE OF OR ORGANIZATION DEBTOR] [7a. TYPE OF ORGANIZATION DEBTOR] [7a. ORGANIZATION'S NAME]	FIRST NAME Donna CITY Alabaster GANIZATION 7f. JURISDICTION OF O	MIDDLE BOWN STATE AL 7g. ORG	E NAME man POSTAL CODE 35007 GANIZATIONAL ID #, if an	COUNTR

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FIRST NAME

.

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20020806000367610

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

Wooten John

John

Edward

MIDDLE NAME, SUFFIX

13. Use this space for additional information



20150429000138700 272 \$.00 Shelby Cnty Judge of Probate, AL 04/29/2015 09:26:11 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY