Alabama Power Company 600 18th St N Birmingham, AL 35203 20160312000161110 112 3, 00 Shelby Chty Judge of Probate, AL 05/12/2016 10:19:23 AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE STATE PEODAL OF THE ABOVE OFFICE USE ONLY THE ABOVE STATE PEODAL OFFICE USE ONLY THE ABOVE STATE WITH THE ABOVE OFFICE USE ONLY THE ABOVE STATE WITH THE ABOVE STATE USE ONLY THE ABO	NAME & PHONE OF CONTACT AT FILER [optional] Saylon Mikula 205-226-1402			RICINAL	
Birmingham, AL 35203 20180512006161110 1/2 \$ 0.0 She Iby Cnty Judge of Probate, AL 05/12/2016 10.19:23 AMT FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 20110324000093780 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination 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 assigner in item 9. MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only page of these two boxes. Soc check age 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 tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also complete items 7a-7g (if applic URRENT RECORD INFORMATION): PARAMED RECORD INFORMATION: FIRST NAME FIRST NA	SEND ACKNOWLEDGMENT TO: (Name and Address)		フ	HUHYAL	
Birmingham, AL 35203 20180512006161110 1/2 \$ 0.0 She Iby Cnty Judge of Probate, AL 05/12/2016 10.19:23 AMT FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 20110324000093780 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination 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 assigner in item 9. MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only page of these two boxes. Soc check age 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 tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also give name of address. Give current record name in tem 6a or 6b; also complete items 7a-7g (if applic URRENT RECORD INFORMATION): PARAMED RECORD INFORMATION: FIRST NAME FIRST NA					
Birmingham, AL 35203 Shelby City Judge of Probate, AL 05/12/2016 10, 19-23, AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE# 20110324000093780 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7 or 7b and additions of the following three boxes and provide appropriate information in items 5 and/or 7. CHANGE name and/or additional period provided provided propriate information in items 5 and/or 7. CHANGE name and/or address. Give current record name in item 6g or 6%; also give name change) in item 7c, and also give name of assignor in item 9. AND name: Change name and/or address. Give current record name in item 6g or 6%; also give name change) in item 7c, and also give name of assignor in item 9. CHANGE name and/or address. Give current record name in item 6g or 6%; also give name change) in item 7c, also complete item 7a or 7b, and and not provided					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 20110324000093780 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement 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. MENDMENT (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. MENDMENT (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. MENDMENT (PARTY INFORMATION): This Amendment affects		2010051200	טוווסוטע	1/2 \$ 00	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING O		05/12/2016	:y Judge 5 10:19:2	of Probate, AL 3 AM FILED/CERT	
1b. This FINANCING STATEMENT AMENOMEN 1c. This FINANCING STATEMENT AMENOMENT 1c. This FINANCING STATEMENT 1c. This FINANCING STATEMENT AMENOMENT 1c. This FINANCING STATEMENT 1c. This FINANCING STA					
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination 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. MENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Statement of the following three boxes and provide appropriate information in items 6 andfor 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new for name (if name change) in item 7c or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name for 7c, also complete item 7a or 7b, and all name (if name change) in item 7c or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name for 7c, also complete item 7a or 7b, and all name (if name change) in item 7c, also complete item 7a or 7b, and all name (if name change) in item 7c, also complete items 7d-7g (if application) in items 6a or 6b. DELETE name: Give record name for 7b, and all name (if name change) in item 7c, also complete items 7d-7g (if application) in items 6a or 6b. EARCH PARTY INFORMATION: Ga ORGANIZATION'S NAME FIRST	<u> </u>	THE ABOVE SE	PACE IS FO	R FILING OFFICE US	E ONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is 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. MENDMENT (PARTY INFORMATION): This Amendment affects	. INITIAL FINANCING STATEMENT FILE # 20110324000093780		to t	e filed [for record] (or rec	
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. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name of name of name or 1 item 7a or 7b and/or new address (if address change) in item 7c. CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name of nam	TERMINATION: Effectiveness of the Financing Statement identified above i	is terminated with respect to security interest(s) of the			ation Statement.
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. MENDMENT (PARTY INFORMATION): This Amendment affects	CONTINUATION: Effectiveness of the Financing Statement identified abo				
MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Iso 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. DELETE name: Give record name and Delete item 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name and Delete item 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name and Delete item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name and Delete item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a or 7b, and all name (if name change) in item 7a. DELETE name: Give record name and item 6a or 6b. DELETE name: Give record name and item 6a or 6b. ADD name: Complete item 7a or 7b, and all name (if name change) in item 7a. DELETE name: Give record name and item 6a or 6b. DELETE name: Give record name and item 6a or 6b. ADD name: Complete item 7a or 7b, and all name (item 7a) or 6b. ADD name: Complete item 7a or 7b, and all name (item 6a or 6b.) ADD name: Complete item 7a or 7b, and all name (item 7a) or 6b. DELETE name: Give record name (item 6a or 6b.) ADD name: Complete item 7a or 7b, and all name (item 6a or 6b.) ADD name: Complet			<u> </u>	·····	
Liso 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. CHANGE NECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FRANCIS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME HUGH A MIDDLE NAME SUFFIX A CATHERINE R MIDDLE NAME CATHERINE R MIDDLE NAME SUFFIX ALABASTER AL 35007 US TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any					· ····································
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. DELETE name: Give record name			one of these	two boxes.	
CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FRANCIS 7b. INDIVIDUAL'S LAST NAME FRANCIS MIDDLE NAME A SUFFIX HUGH A SUFFIX TO INDIVIDUAL'S LAST NAME FRANCIS MAILING ADDRESS MAILING ADD	CHANGE name and/or address: Give current record name in item 6a or 6b; also	so give new DELETE name: Give record na	ne 🗖 Al	DD name: Complete item	7a or 7b, and al
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FRANCIS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FRANCIS MIDDLE NAME A SUFFIX TAX ID #: SSN OR EIN ADD'L INFO RE 7e TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c to be deleted in item 6a or 6b.	<u> </u>	m /c; also complete items	s /d-/g (ir applic
FRANCIS HUGH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FRANCIS FIRST NAME CATHERINE CATHERINE MIDDLE NAME R SUFFIX R MIDDLE NAME R LITY ALABASTER ALABASTER TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ADD'L INFO RE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	6a. ORGANIZATION'S NAME	<u> </u>			
FRANCIS HUGH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FRANCIS FIRST NAME CATHERINE CATHERINE MIDDLE NAME R SUFFIX R MIDDLE NAME R LITY ALABASTER ALABASTER TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ADD'L INFO RE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any)		AUDD) C	NIABAT	Touren
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FRANCIS MAILING ADDRESS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if			•	NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME FRANCIS MIDDLE NAME CATHERINE MIDDLE NAME SUFFIX CATHERINE MIDDLE NAME R CATHERINE MIDDLE NAME R MIDDLE NAME ALABASTER ALABASTER TAX ID #: SSN OR EIN ADD'L INFO RE 7e TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any				······································	
7b. INDIVIDUAL'S LAST NAME FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIO					
FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ORGANIZATION ADD'L INFO RE ORGANIZATION ADD'L INFO RE ORGANIZATION 76. INDIVIDUAL'S LAST NAME CATHERINE CATHERINE CITY ALABASTER AL 35007 Tr. JURISDICTION OF ORGANIZATION 76. JURISDICTION OF ORGANIZATION 779. ORGANIZATIONAL ID #, if any					
MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ORGANIZATION ALABASTER ALABASTER ALABASTER 76. TYPE OF ORGANIZATION 76. JURISDICTION OF ORGANIZATION 77. JURISDICTION OF ORGANIZATION 78. ORGANIZATIONAL ID #, if any	_ 	FIRST NAME	MIDDLE	NAME	SUFFIX
ALABASTER TAX ID #: SSN OR EIN ORGANIZATION ADD'L INFO RE ORGANIZATION TO DESCRIPTION OF ORGANIZATION TO DESCRIPTION ORGANIZATION TO DESCRIPTION ORGANIZATION TO DESCRIPTION ORGANIZATIO	7b. INDIVIDUAL'S LAST NAME				
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION	7b. INDIVIDUAL'S LAST NAME FRANCIS	CATHERINE	R	<u> </u>	
ORGANIZATION	FRANCIS MAILING ADDRESS	СПҮ	STATE		
DEBTOR	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL	CITY ALABASTER	STATE	35007	
	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY ALABASTER	STATE	35007	US
	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
escribe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirefrestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted oradded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateraldeleted orjadded, or give entirerestated collateral description, or describe collateralassigned.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE AL 7g. ORG	35007	US
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor we	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL 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 restated collateral deleted added restated restated restated collateral deleted restated restated restated collateral restated collateral restated collateral restated restated collateral collateral restated collateral restated collateral collatera	ALABASTER 7f. JURISDICTION OF ORGANIZATION real description, or describe collateral assigned	STATE AL 7g. ORG	SANIZATIONAL ID #, if an	y
	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral added, or give entire trestated collateral managements.	ALABASTER 7f. JURISDICTION OF ORGANIZATION aral description, or describe collateral assigned MENDMENT (name of assignor, if this is an Assignment)	AL 7g. ORG	SANIZATIONAL ID #, if and	y
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor of adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral organization organizat	ALABASTER 7f. JURISDICTION OF ORGANIZATION aral description, or describe collateral assigned MENDMENT (name of assignor, if this is an Assignment)	AL 7g. ORG	SANIZATIONAL ID #, if and	y
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor valds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. [9a. ORGANIZATION'S NAME] Alabama Power Company	FRANCIS MAILING ADDRESS 1458 ARROWHEAD TRAIL TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral restated collateral adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME Alabama Power Company	ALABASTER 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigner MENDMENT (name of assignor, if this is an Assignr d by a Debtor, check here and enter name of Di	STATE AL 7g. ORG	SANIZATIONAL ID #, if an orizing this Amendment.	y

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

20110324000093780

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

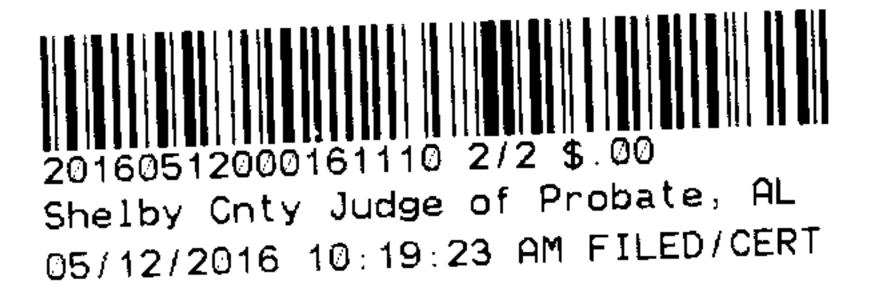
12a. ORGANIZATION'S NAME

Alabama Power Company

12b. INDIVIDUAL'S LAST NAME FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY