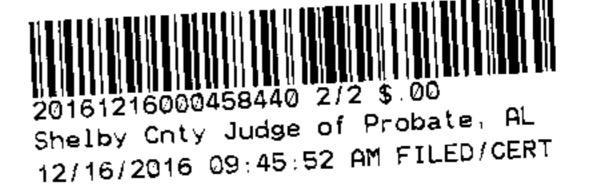
LLOW INSTRUCT NAME & PHONE	CING STATEMENT AMENTIONS (front and back) CAREFULLY OF CONTACT AT FILER [optional] 205-226-1402	IDMENT	分 OF	RIGINAL	
Alabama 600 18th	Power Company St N nam, AL 35203		2016121600045	58440 1/2 \$.00	
INITIAL FINANCING	S STATEMENT FILE#		12/16/2016 09	Judge of Probate, AL 9:45:52 AM FILED/CER SPACE IS FOR FILING OFF	
	2011091300027	0330			d] (or recorded) in the
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Also check <u>one</u> of the CHANGE name of the name of	ARTY INFORMATION): This Amendment a following three boxes and provide appropriate and/or address: Give current record name in iter hange) in item 7a or 7b and/or new address (if acRD INFORMATION: ON'S NAME	information in items 6 and/or 7.	ELETE name: Give record n be deleted in item 6a or 6b.	ame	ete item 7a or 7b, and al ete items 7d-7g (if applic
66. INDIVIDUAL'S	LAST NAME	FIRST NAME WAYNE		MIDDLE NAME S	SUFFIX
					-
CHANGED (NEW) 7a. ORGANIZATIO	OR ADDED INFORMATION: DN'S NAME			. <u>. </u>	
7a. ORGANIZATIO	DN'S NAME	FIRST NAME		MIDOLE NAME	SUFFIX
7a. ORGANIZATIO	LAST NAME	MELONIE		М	
7a. ORGANIZATIO	LAST NAME		ER		
7a. ORGANIZATIO 7b. INDIVIDUAL'S MOORE MAILING ADDRESS 116 KENSING TAX ID #: SSN OF	LAST NAME GTON LANE REIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	MELONIE CITY ALABASTE NIZATION 7f. JURISDICTION	ER OF ORGANIZATION	M STATE POSTAL CODE	COUNTR US #, if any
7a. ORGANIZATION 7b. INDIVIDUAL'S MOORE MAILING ADDRESS 116 KENSING TAX ID #: SSN OF AMENDMENT (Comparison of the collateral)	LAST NAME S GTON LANE R EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	MELONIE CITY ALABASTE NIZATION 7f. JURISDICTION ex. stated collateral description, or description	oribe collateral assigned	M STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID ed.	toountraction (Countraction) #, if any
7a. ORGANIZATION TAX ID #: SSN OF SECUTION AMENDMENT (Conscribe collateral plants adds collateral or add pa. ORGANIZATION PA.	LAST NAME GTON LANE REIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR OLLATERAL CHANGE): check only one bo deleted or added, or give entire rest	MELONIE CITY ALABASTE NIZATION ALABASTE ALAB	oribe collateral assigned	M STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID ed.	US #, if any

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110913000270330 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

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY