

A. NAME & PHONE OF CONTACT AT FILER [optional]			
Tonya Tarbert 205-226-1403			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	10 0 18 3 1 1 2 1 4 1 1 1 1 1 1		
Alabama Power Company			
600 18th St N	20170921000	343130 1/2 \$.00 Judge of Probate, AL	
Birmingham, AL 35203	Shelby Cnty	10:09:45 AM FILED/CERT	
	09/21/2017		
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NINTIAL CINIANCING STATEMENT OF #	THE ABOVE S	PACE IS FOR FILING OFFICE US 1b. This FINANCING STATEMER	
I. INITIAL FINANCING STATEMENT FILE # 20120725000268080		to be filed [for record] (or rec	
▼ TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest/s) of the	REAL ESTATE RECORDS.	ation Statement
CONTINUATION: Effectiveness of the Financing Statement identified above			
continued for the additional period provided by applicable law.	ove with respect to security interesits) of the Secu	red Party authorizing this Continuation s	Statement is
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	
	ebtor or Secured Party of record. Check only		
Also check one of the following three boxes and provide appropriate information in		<u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b, als	so give new DELETE name: Give record no		
name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6a or 6b	item 7c, also complete items	s 7d-7g (if applica
6a ORGANIZATION'S NAME			
65 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
GILBERT	CHRISTIE	М.	
CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
1001 EMEDALD DIDGE DRIVE	CALERA	AL 35040	USA
1001 EMERALD RIDGE DRIVE		7- ODCANIZATIONAL ID # # and	
TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	†
. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, IT any	
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TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE); check only one box.			
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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 collate	eral description, or describe collateral assigne	d	
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM						
FOLLOW INSTRUCTIONS (front and back) CAREFULLY						
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)						
	20120725000268080					
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME						
ΔĐ	Alabama Power Company					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX			
13. Use this space for additional information						

20170921000343130 2/2 \$ 00 Shelby Cnty Judge of Probate: AL

09/21/2017 10:09:45 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY