

JCC FINANCING STATEMENT AMEND	MENT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
PATRICIA HUNTLEY/205-226-1925				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
LT ADAMA DOMED COMPANY				
ALABAMA POWER COMPANY				
600 NORTH 18TH STREET				
BIRMINGHAM AL 35291				
	THE AR	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
4 NUTRAL PINIANGUNG OTATEMENT EN E #		1b. This	FINANCING STATEMENT	AMENDMENT is
1a. INITIAL FINANCING STATEMENT FILE # 49501/SHELBY		to be	filed [for record] (or record). LESTATE RECORDS.	ded) in the
	Sad above is torrespected with respect to security interes			on Statement.
2. TERMINATION: Effectiveness of the Financing Statement identi				
3. CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	entified above with respect to security interest(s) or the	e Secured Party autho	rizing this Continuation St	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7	or 7b and address of assignee in item 7c; and also give	e name of assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment afford		· · · · · · · · · · · · · · · · · · ·	•	
Also check one of the following three boxes and provide appropriate inf				
CONTRACT serve and/or address: Give current record name in item (	Raior 6b: also give new T DELETE name: Give r		D name: Complete item 7a n 7c; also complete items 7	or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if add	ress change) in item 7c to be deleted in item 6a	1 OI OD.	ii re, aise complete iteme	<u> </u>
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<u> </u>	<u></u>	<u> </u>	
ORGANIZATION O NAME				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	MARK	S.		
HAYES	TAILLICIA	<u> </u>		<u>.</u>
7. CHANGED (NEW) OR ADDED INFORMATION:		······································		
7a. ORGANIZATION'S NAME				
				Toursiy
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
HAYES	CHRISTINA	<b>M</b> .	<u></u> -	
7¢. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
113 SPRING PLACE	ALABASTER	AL	35007	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN		N 7g. ORG	ANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION				NON
DEBTOR	<u> </u>			INOIN
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		[		
Describe collateral deleted or added, or give entire rest	ated collateral description, or describe collateral	assigned.		
TO THE REPORT OF THE PROPERTY	THIS AMENDMENT (name of assignor, if this is a	n Assignment). If this is	s an Amendment authorized	by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination	on authorized by a Debtor, check here ☐ and enter na	me of DEBTOR authority	orizing this Amendment.	,
	,,, quantilization by a booker, ontotal file of the fi			<del></del>
9a. ORGANIZATION'S NAME				
ALABAMA POWER COMPANY		MIDDLE	NAME	SUFFIX
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
10. OPTIONAL FILER REFERENCE DATA				
- <del></del> -				