



| ATRICIA HUNTLEY/205-226-1925 SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35291  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE #  1998/36173-STATEMENT FILE #  1998/36173-STATEMENT FILE #  10 bit This FINANCING STATEMENT ADMINISTRATEMENT ADM | A. NAME & PHONE OF CONTACT AT FILER [optional]   |  |  |  |
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| COUNTER T RECORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  GRIFFITH  SHELTON  H.  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  CITY  CITY  CITY  CALERA  FOSTAL CODE  COUNTER  CALERA  FAL 35040  TAL JURISDICTION OF ORGANIZATION  ORGANIZATIONAL ID #, if any  TO ORGANIZATIONAL ID #, if any  TO ORGANIZATION ORGANIZATION  DEBTOR  CALERA  TAL JURISDICTION OF ORGANIZATION  ORGANIZATION ORGANIZATION  TO ORGANIZATION ORGANIZATION  TO ORGANIZATION ORGANIZATION  TO ORGANIZATION ORGANIZATION  TO ORGANIZATION ORGANIZATION  ORGANIZATION ORGANIZATION  DEBTOR  CALERA  TAL JURISDICTION OF ORGANIZATION  TO ORGANIZATION ORGANIZATION  ORGA |  |  | a roport name  | <b>-</b>                                     |
| 68. ORGANIZATION'S NAME  68. INDIVIDUAL'S LAST NAME  GRIFFITH  SHELTON  H.  CHANGED (NEW) OR ADDED INFORMATION:  76. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  SUFFIX  CITY  ALL  MIDDLE NAME  SUFFIX  CITY  STATE  POSTAL CODE  COUNTR  AL 35040  TAX ID #: SSN OR EIN  ORGANIZATION  DEBTOR  ADD'L INFO RE  76. TYPE OF ORGANIZATION  ORGANIZATION  DEBTOR   |  | dress change) in item 7c to be deleted in item   | 6a or 6b. ADD name: Complete ite   | em 7a or 7b, and als<br>ems 7d-7g (if applic |
| 6b. INDIVIDUAL'S LAST NAME GRIFFITH SHELTON H.  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME GRIFFITH ELLEN L.  MIDDLE NAME SUFFIX L.  MIDDLE NAME LLEN L.  MIDDLE NAME SUFFIX CITY CITY STATE POSTAL CODE COUNTE IVANHOE LANE  IVANHOE LANE  FIRST NAME CALERA AL 35040  7g. ORGANIZATIONAL ID #, if any DEBTOR   | CURRENT RECORD INFORMATION:  |  |  |  |
| GRIFFITH SHELTON H.  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  The individual's last name GRIFFITH ELLEN L.  MIDDLE NAME SUFFIX  CITY STATE POSTAL CODE COUNTE  IVANHOE LANE  TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION DEBTOR  TO SHELTON H.  MIDDLE NAME SUFFIX CALERA AL 35040  To ORGANIZATIONAL ID #, if any DEBTOR  | 68. ORGANIZATION'S NAME  |  |  |  |
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| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  GRIFFITH  ELLEN  MIDDLE NAME  SUFFIX  L.  MAILING ADDRESS  CITY  CALERA  AL 35040  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZ |  |  |  | SUFFIX                                       |
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| 76. INDIVIDUAL'S LAST NAME  GRIFFITH  ELLEN  CITY  CALERA  TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION OF ORGANIZATION OEBTOR  FIRST NAME  ELLEN  L.  STATE POSTAL CODE COUNTR  CALERA  AL 35040  76. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OEBTOR  | CHANGED (NEW) OR ADDED INFORMATION:  |  |  |  |
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| ORGANIZATION DEBTOR  | GRIFFITH MAILING ADDRESS   | CITY   |  | COUNTR                                       |
|  | GRIFFITH MAILING ADDRESS IVANHOE LANE  | CALERA   | AL 35040   |  |
| MENDMENT (COLLATERAL CHANGE): check only one box.  | GRIFFITH MAILING ADDRESS IVANHOE LANE TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIOR ORGANIZATION   | CALERA   | AL 35040   |  |
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|  | GRIFFITH  MAILING ADDRESS  IVANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.   | CALERA  ZATION 7f. JURISDICTION OF ORGANIZATION  | AL 35040 ON 7g. ORGANIZATIONAL ID #, if  | any  |
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|  | GRIFFITH  MAILING ADDRESS  IVANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   rest.  | CALERA IZATION 7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral   | AL 35040  7g. ORGANIZATIONAL ID #, if a same | any  |
| AME 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 w   | GRIFFITH  MAILING ADDRESS  I VANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   rest.   | CALERA  ZATION  7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral  This amendment (name of assignor, if this is a  | AL 35040  7g. ORGANIZATIONAL ID #, if a same assignment). If this is an Amendment authority.   | any  |
| AME 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 wilds 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.  | GRIFFITH  MAILING ADDRESS  IVANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   rest.    AME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination.  | CALERA  ZATION  7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral  This amendment (name of assignor, if this is a  | AL 35040  7g. ORGANIZATIONAL ID #, if a same assignment). If this is an Amendment authority.   | any  |
| AME 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 wilds 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.  | GRIFFITH  MAILING ADDRESS  I VANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   restricted or   restricted organization organiz | CALERA  ZATION  7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral  This amendment (name of assignor, if this is a  | AL 35040  7g. ORGANIZATIONAL ID #, if a same assignment). If this is an Amendment authority.   | any  |
| AME 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 wilds 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.  38. ORGANIZATION'S NAME  ALABAMA POWER COMPANY  | GRIFFITH  MAILING ADDRESS  5 IVANHOE LANE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.   Describe collateral   deleted or   added, or give entire   rest.    Describe collateral   deleted or   Added, or give entire   rest.   rest.    NAME OF SECURED PARTY OF RECORD AUTHORIZING   | CALERA  IZATION  7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral  STHIS AMENDMENT (name of assignor, if this is a nauthorized by a Debtor, check here and enter na | AL 35040  7g. ORGANIZATIONAL ID #, if a same assignment). If this is an Amendment authority.   | ized by a Debtor wh                          |