| | C FINANCING STATEMENT AMENDMEN OW INSTRUCTIONS (front and back) CAREFULLY | | 200 | 808280 | 100344950 1/1 \$.0 | |
|-------|--|-------------------------------|---|----------------|--|---------------------------------------|
| . N | AME & PHONE OF CONTACT AT FILER [optional] UFFIN/205.226.1902 END ACKNOWLEDGMENT TO: (Name and Address) | | She | Thy Cr | ity Judge of Prob 8 11:05:14AM FIL | ate,AL |
| | ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291 | | | | | |
| | | | | | | |
| i. JN | ITIAL FINANCING STATEMENT FILE # 20080214000060820/SHE | LBY | | 1b. This | R FILING OFFICE USE FINANCING STATEMENT e filed [for record] (or reco L ESTATE RECORDS. | TAMENDMENT |
| × | TERMINATION: Effectiveness of the Financing Statement identified above is | s terminated with respect to | security interest(s) of the Se | | | ion Statement. |
| | CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law. | ve with respect to security i | nterest(s) of the Secured P | arty autho | orizing this Continuation St | tatement is |
| T | ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a | address of assignee in item | c; and also give name of as | signor in | item 9. | |
| A | | | of record. Check only one | | | · · · · · · · · · · · · · · · · · · · |
| Als | so check one of the following three boxes and provide appropriate information in its CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) | o give new DELETE | name: Give record name leted in item 6a or 6b. | ☐ AD | D name: Complete item 7 m 7c; also complete items | a or 7b, and als 7d-7g (if applica |
| - | JRRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME | | | | | |
| | BB. INDIVIDUAL'S LAST NAME WARD | FIRST NAME MICHAEL | | MIDDLE NAME P. | | SUFFIX |
| , | HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | | | | |
| ٠, | b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| | AILING ADDRESS 772 INDIAN HILLS RD | CITY PELHAM | | STATE | POSTAL CODE 35124 | COUNTRY |
| T | AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 7f. JURISDICTION OF O | RGANIZATION | 7g. ORG | ANIZATIONAL ID #, if any | N |
| | MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collater | al description, or describe | collateral assigned. | | | |
| | AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI | | | | | by a Debtor wh |
| ad | ds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME ALABAMA POWER COMPANY b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE | NΔME | SUFFIX |