

NAME & PHONE OF CONTACT AT FILER [optional]			
eAnn Garrett 205-226-1402			
SEND ACKNOWLEDGMENT TO: (Name and Address)			i <b>a</b>
Alabama Power Company	20111028		1
600 18th Street N		Conty Judge of Probate, AL	_
Birmingham, AL 35203	10/28/20	011 11:10:23 AM FILED/CERT	
	THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 20090925000366480		1b. This FINANCING STATEME to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
★ TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of		
CONTINUATION: Effectiveness of the Financing Statement identified at			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give nar	me of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check or	nly one of these two boxes.	
Also check one of the following three boxes and provide appropriate information in			
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name: Give record ge) in item 7c. to be deleted in item 6a or 6b	• • • • • • • • • • • • • • • • • • •	
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Fuller	Jennifer	C	
		٠. ١	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	······································		
Ta. Ortorial Training			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	William	S.	
Fuller		OTATE DOOTAL OODE	COUNTR
Fuller MAILING ADDRESS	CITY	STATE POSTAL CODE	L. Company
	CITY	STATE POSTAL CODE	
MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ny
MAILING ADDRESS			ny III
MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			
MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	
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MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral organization organi	7f. JURISDICTION OF ORGANIZATION  teral description, or describe collateral assig	7g. ORGANIZATIONAL ID #, if a	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

20090925000366480

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Alabama Power Company

OR

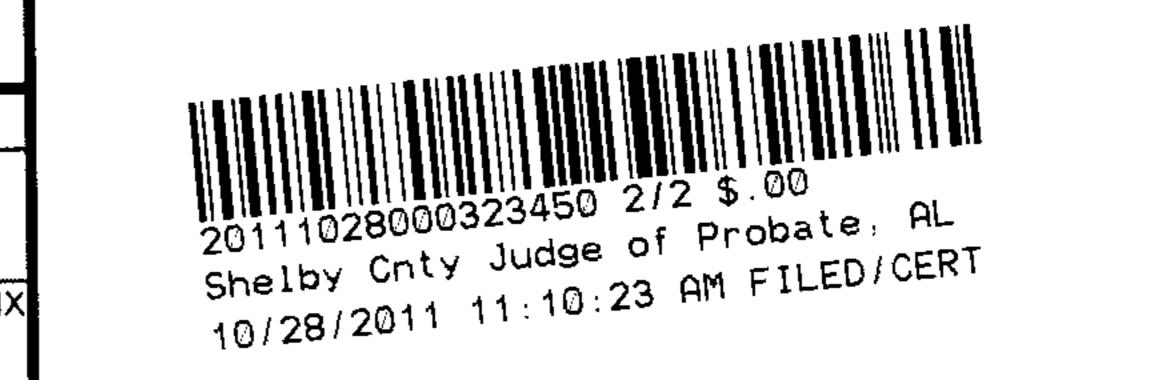
12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY