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	C FINANCING	STATEMENTAMEN	DMENT				
		(front and back) CAREFULLY					
		ONTACT AT FILER [optional]					
De	Ann Garrett 205-2	226-1402					
B. \$	SEND ACKNOWLEDGE	MENT TO: (Name and Address)					
							
	Alabama Pow	ver Company					
	600 18th Stre	1 •					
	Birmingham,	Al 35203					
ŀ			1				
				THE ABOVE C	DACE IS EO	B EILING OFFICE H	SE ONLY
1a. I	NITIAL FINANCING STAT	EMENT FILE #		THE ABOVE S		R FILING OFFICE US FINANCING STATEME	
		20100610000183				e filed [for record] (or rec AL ESTATE RECORDS.	corded) in the
2.		ectiveness of the Financing Statement ide		·			
3.	CONTINUATION: E continued for the additi	Effectiveness of the Financing Statement ional period provided by applicable law.	identified above with respect to secu	rity interest(s) of the Secur	ed Party author	orizing this Continuation	Statement is
4.	ASSIGNMENT (full o	or partial): Give name of assignee in item	7a or 7b and address of assignee in i	tem 7c; and also give name	of assignor in	item 9.	<u> </u>
5. <i>F</i>	MENDMENT (PARTY	INFORMATION): This Amendment a	ffects Debtor or Secured F	arty of record. Check only	one of these	wo boxes.	
A	lso check <u>one</u> of the follow	ving three boxes and provide appropriate i	nformation in items 6 and/or 7.				
	CHANGE name and/or name (if name change)	address: Give current record name in item in item in item 7a or 7b and/or new address (if ac	n 6a or 6b; also give new DEI ddress change) in item 7c.	ETE name: Give record na e deleted in item 6a or 6b.		D name: Complete item 7c; also complete item	7a or 7b, and also s 7d-7g (if applicable).
6. (CURRENT RECORD IN	······································					
	6a. ORGANIZATION'S N	AME					
OR	6b. INDIVIDUAL'S LAST	NI A B & C	TEIBOT MANE	· · · · · · · · · · · · · · · · · · ·	Lucasia		
	Sanford	INAIVIE	FIRST NAME Ronna		MIDDLE	NAME	SUFFIX
7 /		DDED INCODIATION.	ICOIIIIG		1.		
7. (CHANGED (NEW) OR ALTON'S N		······································			Y** ^^*	
OR	7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. l	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	NIZATION 7f. JURISDICTION (OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	y
		DEBTOR					NONE
		TERAL CHANGE): check only one bo				·	
	escribe collateral del	eted or added, or give entire re	stated collateral description, or desc	ribe collateral assigne	d.		
9. 1	NAME OF SECURED	PARTY OF RECORD AUTHORIZIN	NG THIS AMENDMENT (name of	assignor, if this is an Assigni	ment). If this is	an Amendment authorize	ed by a Debtor which
	9a. ORGANIZATION'S N	authorizing Debtor, or if this is a Terminat	ion authorized by a Debtor, check her	and enter name of D	EBTOR autho	rizing this Amendment.	***************************************
	JOB. OKOMNIZMITON SIN	CAIVIL.					
OR	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

20120202000040740 2/2 \$ 00

20120202000040/40 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/02/2012 03:26:08 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS (front and ba-	ck) CAREFULLY	
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Ame	ndment form)
	20100610000183810		
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY