OLLOW INSTRUCTIONS (front and ba	MENTAMENDMEN				
. NAME & PHONE OF CONTACT AT I					
onya Tarbert 226.1402					
. SEND ACKNOWLEDGMENT TO: (N	lame and Address)				
<del> </del>	·			7340 1/2 \$.00	
				udge of Probate	
Alabama Power Compai	ny	04/	30/2012 10	:38:47 AM FILED	/ CERT
600 18th St N					
Birmingham, AL 35203					
<b>I</b>					
INITIAL CINIANIONIO OTATEMENT CII E 4		THE ABOVE		R FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE #	20110223000062680/Shell	bv	to t	e filed [for record] (or re	
				AL ESTATE RECORDS.	
		s terminated with respect to security interest(s) or			
CONTINUATION: Effectiveness of continued for the additional period pro	~	ve with respect to security interest(s) of the Sec	cured Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nar	ne of assignor in	item 9.	
AMENDMENT (PARTY INFORMATI	ION): This Amendment affects De	btor or Secured Party of record. Check o	nly <u>one</u> of these	two boxes.	
Also check one of the following three boxes	, , , ,				<b>-</b>
CHANGE name and/or address: Give of name (if name change) in item 7a or 7b	current record name in item 6a or 6b; als and/or new address (if address change	o give new DELETE name: Give record to be deleted in item 6a or 6	name All b. ite	DD name: Complete item m 7c; also complete item	7a or 7b, and also is 7d-7g (if applicat
CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
R 6b. INDIVIDUAL'S LAST NAME	<del> </del>	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
Hall					100.11
	MATION:	Donald	G.		
CHANGED (NEW) OR ADDED INFORM	MATION:	FIRST NAME	G. MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	MATION:			NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	MATION:			NAME POSTAL CODE	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	MATION:	FIRST NAME	MIDDLE		SUFFIX COUNTRY US
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  2. MAILING ADDRESS  1451 Highway 89  3. TAX ID #: SSN OR EIN   ADD'L INFO	RE 7e. TYPE OF ORGANIZATION	FIRST NAME  CITY	MIDDLE	POSTAL CODE	COUNTRY
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS  1451 Highway 89  . TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATIONED OR	RE 7e. TYPE OF ORGANIZATION	FIRST NAME  CITY  Montevallo	MIDDLE	POSTAL CODE 35206	COUNTRY
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  1451 Highway 89  TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR	RE   7e. TYPE OF ORGANIZATION   ION   NGE): check only one box.	FIRST NAME  CITY  Montevallo	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35206	COUNTRY
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS  1451 Highway 89  . TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATION  DEBTOR  AMENDMENT (COLLATERAL CHAIDESCRIBE COllateral deleted or add  Additional deleted or add  NAME OF SECURED PARTY OF F	RE   7e. TYPE OF ORGANIZATION   ION   NGE): check only one box. ded, or give entire   restated collater	FIRST NAME  CITY  Montevallo  7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35206  ANIZATIONAL ID #, if are an Amendment authorized.	COUNTRY
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  3. MAILING ADDRESS  1451 Highway 89  4. TAX ID #: SSN OR EIN   ADD'L INFORMATION	RE   7e. TYPE OF ORGANIZATION	FIRST NAME  CITY  Montevallo  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assig	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35206  ANIZATIONAL ID #, if are an Amendment authorized.	COUNTRY
CHANGED (NEW) OR ADDED INFORM  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  3. MAILING ADDRESS  1451 Highway 89  4. TAX ID #: SSN OR EIN ADD'L INFORMANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION AMENDMENT (COLLATERAL CHAIN Describe collateral deleted or add deleted or add deleted or adds collateral or adds the authorizing Deb	RE   7e. TYPE OF ORGANIZATION	FIRST NAME  CITY  Montevallo  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assig	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35206  SANIZATIONAL ID #, if ar  prizing this Amendment.	COUNTRY

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110223000062680/Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

20120430000147340 2/2 \$.00 Shelby Cnty Judge of Probate: AL 04/30/2012 10:38:47 AM FILED/CERT

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY