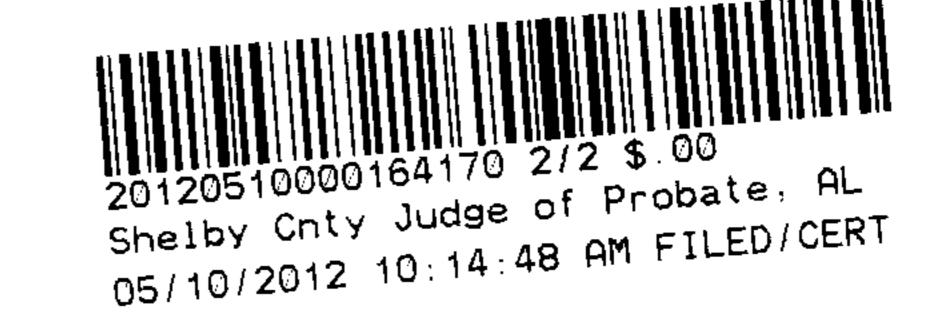
ICC FINANCING	STATEMENT AMENDMEN'				
	front and back) CAREFULLY				
	NTACT AT FILER [optional]				
Tonya Tarbert 226.14					
B. SEND ACKNOWLEDGIN	ENT TO: (Name and Address)				
Alabama Powe	201205 Shelby	20120510000164170 1/2 \$.00 Shelby Cnty Judge of Probate, AL			
600 18th St N Birmingham, A	05/10/	05/10/2012 10:14:48 AM FILED/CERT			
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- MUTIAL FINIANIOINIO OTATE		THE ABOVE SI		OR FILING OFFICE US	
a. INITIAL FINANCING STATE	20081121000445920/ Shelt	y	r to	be filed [for record] (or record).	
2. X TERMINATION: Effec	tiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the	e Secured Pa	arty authorizing this Termin	ation Statement.
	ectiveness of the Financing Statement identified above nal period provided by applicable law.	e with respect to security interest(s) of the Secure	ed Party auth	norizing this Continuation	Statement is
4. ASSIGNMENT (full or	partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	of assignor in	n item 9.	
	NFORMATION): This Amendment affects Deb				
	ng three boxes <u>and</u> provide appropriate information in ite				
CHANGE name and/or at name (if name change) in	ddress: Give current record name in item 6a or 6b; also item 7a or 7b and/or new address (if address change)	give new DELETE name: Give record na in item 7c. Lobe deleted in item 6a or 6b.	me A	DD name: Complete item em 7c; also complete item:	7a or 7b, and also s 7d-7g (if applicable
S. CURRENT RECORD INFO	DRMATION:			· · · · · · · · · · · · · · · · · · ·	
6a. ORGANIZATION'S NA	ME				
OR 6b. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Kilgore		Tony	D.		
7. CHANGED (NEW) OR AD 7a. ORGANIZATION'S NA OR 7b. INDIVIDUAL'S LAST N	ME	IFIRST NAME	IMIDDLE	E NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
221 Lacey Avenue		Maylene	AL	35114	US
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if an	y
	DEBTOR				NON
8. AMENDMENT (COLLA)	ERAL CHANGE): check only one box.				
Describe collateral dele	ted or added, or give entire restated collatera	al description, or describe collateral assigned	d.		
NAME OF SECURED D	ADTV OF BECODE ALITHODIZING THIS AME	INDMENT (name of againner if this is an Assigner	nant\ If this	is an Amandmant authorize	ad by a Babtas which
	PARTY OF RECORD AUTHORIZING THIS AME uthorizing Debtor, or if this is a Termination authorized	•	-		ed by a Debior Wrich
9a. ORGANIZATION'S NA					
Alabama Power	Company				
9b. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDL	E NAME	SUFFIX
10. OPTIONAL FILER REFEREI	VÇE DATA				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY				
11.	INITIAL FINANCING STATEMENT I	FILE # (same as item 1a on Ame	ndment form)			
	20081121000445920	Shelby				
	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)			
OR	Alabama Power Company					
	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