

MAILING ADDRESS  CITY  Calera  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  COUNT  AL 35040  US	NAME & PHONE OF CO	(front and back)	) CAREFULLY					
Alabama Power Company 600 18th St N Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE #  20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE #  20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT THE #  20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT THE #  20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT AWENOME TERMINATION: Effectiveness of the Financing Statement identified above in terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement continuated for the additional period provided by applicable law  ASSIGNMENT (full or partial): Give name of assignee in identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continuated for the additional period provided by applicable law  ASSIGNMENT (full or partial): Give name of assignee in identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  ASSIGNMENT (full or partial): Give name of assignee in identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  ASSIGNMENT (full or partial): Give name of assignee in identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  ASSIGNMENT (full provided interest) and additional period party authorizing this Continuation Statement is continued for the additional p	** 1 ** ** *** *** ** * * * * * * * * *	ONTACT AT FILE	ER [optional]					
Alabama Power Company 600 18th St N Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE# 20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE# 20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE# 20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE# 20100922000311910  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT AMENDMENT OF INTERPRETATION CONTROL OF INTERPRETATION CON								
Alabama Power Company 600 18th St N Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The FINANCING STATEMENT ALEROME In the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing the Entirection of the Secured Party authorizing the Continuation Statement is continued for the additional period provided by applicable law address of assignee in item 7c and also give name of assignor in item 9.  ASSIGNMENT (full or period): One name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  ASSIGNMENT (party intercent): This Amendment affects   Debtor or Secured Party of record Check only gig of these two boxes.  Also check agg of the following three boxes and provide appropriate information in items 6 and/or 7.  CHARGE name and/or address: Give current record name in item 6a or 6b, also give name of the additional period of the party of the secured Party of record Check only gig of these two boxes.  Also check agg of the following three boxes and provide appropriate information in items 6 and/or 7.  CHARGE name and/or address: Give current record name in item 6a or 6b, also give name of the additional information from the continuation from the following information from the following information and the following information and the following information and the following information from the following information and the following information from the following information from the following information from the following information information information from the following information information from the following from the following information from the following from the following from the following	. SEND ACKNOWLEDG	MENT TO: (Nam	ie and Address)					) <b>E</b>  ]
Alabama Power Company 600 18th St N Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The FINANCING STATEMENT ALEROME In the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing the Entirection of the Secured Party authorizing the Continuation Statement is continued for the additional period provided by applicable law address of assignee in item 7c and also give name of assignor in item 9.  ASSIGNMENT (full or period): One name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  ASSIGNMENT (party intercent): This Amendment affects   Debtor or Secured Party of record Check only gig of these two boxes.  Also check agg of the following three boxes and provide appropriate information in items 6 and/or 7.  CHARGE name and/or address: Give current record name in item 6a or 6b, also give name of the additional period of the party of the secured Party of record Check only gig of these two boxes.  Also check agg of the following three boxes and provide appropriate information in items 6 and/or 7.  CHARGE name and/or address: Give current record name in item 6a or 6b, also give name of the additional information from the continuation from the following information from the following information and the following information and the following information and the following information from the following information and the following information from the following information from the following information from the following information information information from the following information information from the following from the following information from the following from the following from the following								
Birmingham, AL 35203    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Alabama Pow	er Company			201210110	000391	080 1/2 \$.00	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  20100922000311910  TERMINATION: Effectiveness of the Financing Statement identified above is seminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period proviced by applicable law  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assigner in item 9.  AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only gine of linese two boxes.  Also check date of the following three boxes gind provide appropriate information in interns 6 and/or 7.  CHANGE rame and/or address: Give current record name in item 6a or 6b. also give new now name (if name change) in item 7a or 7b, and a financial formation in interns 6 and/or 7.  GEORGANIZATION SNAME  To be deleted in item 7a or 7b and address change) in item 7c.  To be deleted in item 6a or 6b.  CHANGE or CORD INFORMATION.  GEORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MALING ADDRESS  COLV  Calera  TALIFORMATION.  To ORGANIZATION NAME  TO ORGANIZATION SNAME  AMENDMENT (COLLATERAL CHANGE): check only ging box.	600 18th St N							
INITIAL FINANCING STATEMENT FILE # 20100922000311910	Birmingham,	AL 35203			10/11/20	12 10:	55:41 HM FILED/CER	? I
INITIAL FINANCING STATEMENT FILE # 20100922000311910								
INITIAL FINANCING STATEMENT FILE # 20100922000311910	<b>I</b>							
INITIAL FINANCING STATEMENT FILE # 20100922000311910	<u> </u>				THE ADOVE COA	CE 18 E/	OD EIL ING OFFICE LIGE	ANI V
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  Associated give of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in tem 6a or 6b. In Interest of the deleted in item 7a or 7b and/or new address (if address change) in item 7c. In the deleted in item 6a or 6b.  CURRENT RECORD INFORMATION:  First name  CHANGED (NEW) OR ADDED INFORMATION:  First name  MIDDLE Name  State  POSTAL CODE  COUNTY  To Individual's Last name  MIDDLE Name  State  State  POSTAL CODE  COUNTY  To Individual's Last name  MIDDLE Name  State  First name  To Calera  AL 35040  US  TAXID IS: SN OR EIN ADDL INFORMATIONAL ID IS. If any DRANIZATION OR ORGANIZATION  PORGANIZATION ID IS. If any DRANIZATION OR ORGANIZATION  PORGANIZATION ID IS. If any DRANIZATION ORGANIZATION ORGANIZATION  PORGANIZATION ID IS. If any DRANIZATION ORGANIZATION ORGANIZATION ORGANIZATION  PORGANIZATION ID IS. If any DRANIZATION ORGANIZATION ORG	. INITIAL FINANCING STAT	EMENT FILE #				<b></b>		
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (Party INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (Party INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (Party INFORMATION): This amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  AMENDMENT (PARTY INFORMATION): This amendment affects   Debtor or   Debtor o		20	)100922000311910				· ·	ded) in the
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debt	TERMINATION: Effe	ctiveness of the Fi	nancing Statement identified above i	s terminated with respect to secur	ty interest(s) of the Si	ecured Pa	rty authorizing this Termination	on Statement.
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record Check only one of these two boxes.  Also check ang of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new address of analyzer or 7b and/or new address (if address change) in item 7c or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  Ba. ORGANIZATION'S NAME  CHANGED (NEW) OR ADDED INFORMATION:  Ta. ORGANIZATION'S NAME  FIRST NAME  CHANGED (NEW) OR ADDED INFORMATION:  Ta. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  CHANGED (NEW) OR ADDED INFORMATION:  Ta. ORGANIZATION'S NAME  Ta. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  165 Robin St  TAX ID #: SSN OR EIN ADD'L INFO RE To. TYPE OF ORGANIZATION O				ve with respect to security interes	st(s) of the Secured F	Party auth	orizing this Continuation Sta	stement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in item 8a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  CHANGE (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  CHANGEO (NEW) OR ADDED INFORMATION:  7c. ORGANIZATION'S NAME  FIRST NAME  Christopher  CITY  Calera  AL 35040  US  AMENDMENT (COLLATERAL CHANGE): check only one box				address of assumee in item 7c. an	d also give name of a	issianar ir	ı itam 9	
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.    CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  MAILING ADDRESS  CITY  CAIRS  CITY  CAIRS  STATE  POSTAL CODE  COUNT ORGANIZATION OF ORGANIZATION  7g. ORGANIZATIONAL ID #. if any								
CHANGE name and/or address: Give current record name in item 6a or 6b: also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  Christopher  FIRST NAME  Lockridge  CHANGED (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  To. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  To. INDIVIDUAL'S LAST NAME  AMAILING ADDRESS  GIY  Calera  AL  35040  US  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	·			اــــا	pord. Check only <u>one</u>	i oi mese	two boxes.	
CURRENT RECORD INFORMATION:  68. ORGANIZATION'S NAME  68. INDIVIDUAL'S LAST NAME  Lockridge  CHANGED (NEW) OR ADDED INFORMATION:  78. ORGANIZATION'S NAME  FIRST NAME  CHANGED (NEW) OR ADDED INFORMATION:  79. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  CATY  CATY  CATY  CATY  CATY  CATY  STATE  POSTAL CODE  COUNT  AL  35040  US  TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only gng box	CHANGE name and/or	address: Give curre	ent record name in item 6a or 6b; als	o give new DELETE nam			· · · · · · · · · · · · · · · · · · ·	•
68. ORGANIZATION'S NAME    Cokridge			d/or new address (if address change	) in item 7c. to be deleted	in item 6a or 6b.	ılı	em 7c; also complete items 7	d-7g (if applicat
Christopher  Changed (New) or added information:  7a. Organization's name  7b. Individual's last name  First name  Middle name  Suffix  Mailing address  City  Calera  AL  35040  US  TAX ID #: SSN OR EIN   Addt. Info Re   Organization   Organization   Organization   Organization   Debtor   Organization   O			<del></del>				·· <del>···································</del>	<u> </u>
Christopher  Changed (New) or added information:  7a. Organization's name  7b. Individual's last name  First name  Middle name  Suffix  Mailing address  City  Calera  AL  35040  US  TAX ID #: SSN OR EIN   Addt. Info Re   Organization   Organization   Organization   Organization   Debtor   Organization   O							•	
CHANGED (NEW) OR ADDED INFORMATION:    7a. ORGANIZATION'S NAME	66. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDOLE	NAME	SUFFIX
78. ORGANIZATION'S NAME  76. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  CITY  Calera  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	Lockridge			Christopher				
78. ORGANIZATION'S NAME  76. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  CITY  Calera  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR AI	DED INFORMAT	TION:		<del></del>	<u> </u>		
MAILING ADDRESS  CITY Calera  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.							<u>, , , , , , , , , , , , , , , , , , , </u>	
MAILING ADDRESS  CITY Calera  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	_							
165 Robin St  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION	76. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
165 Robin St  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION								
TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.				CITY	*** **********************************			COUNTRY
ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.				=		AL	35040	US
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	·····		<u>, , , , , , , , , , , , , , , , , , , </u>	Calera		. <b>i</b>		1
·	165 Robin St				JIZATION	7g. ORG	SANIZATIONAL ID #, if any	<u></u>
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	165 Robin St	ORGANIZATION			VIZATION	7g. QRO	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORG	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORG	SANIZATIONAL ID #, if any	
	165 Robin St TAXID#: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. QRC	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORG	SANIZATIONAL ID #, if any	
	165 Robin St TAXID#: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORC	SANIZATIONAL ID #, if any	
	165 Robin St TAXID#: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORG	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORG	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORO	SANIZATIONAL ID #, if any	
	165 Robin St TAXID#: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORC	SANIZATIONAL ID #, if any	
	165 Robin St TAX ID #: SSN OR EIN AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORC	SANIZATIONAL ID #, if any	
	165 Robin St  TAX ID #: SSN OR EIN  AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGAN		7g. ORC	SANIZATIONAL ID #, If any	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assumor, if this is an Assignment). If this is an Assignment I we have a second and the second and the second accordance to the	TAXID#: SSN OR EIN  AMENDMENT (COLLA  Describe collateral dela	ORGANIZATION DEBTOR TERAL CHANGI	E): check only <u>one</u> box.  I, or give entire restated collater	7f. JURISDICTION OF ORGAN	eral assigned.			
	TAXID#: SSN OR EIN  AMENDMENT (COLLA  Describe collateral dele  NAME OF SECURED	ORGANIZATION DEBTOR TERAL CHANGI eted or added.	E): check only one box.  or give entire restated collater  CORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGAN	eral assigned.	). If this	s an Amendment authorized t	
	TAX ID #: SSN OR EIN  AMENDMENT (COLLA Describe collateral dele  NAME OF SECURED  adds collateral or adds the a	ORGANIZATION DEBTOR TERAL CHANGI eted or added. PARTY OF RECouthorizing Debtor.	E): check only one box.  or give entire restated collater  CORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGAN	eral assigned.	). If this	s an Amendment authorized t	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  Alabama Power Company	TAX ID #: SSN OR EIN  AMENDMENT (COLLA Describe collateral dela  NAME OF SECURED adds collateral or adds the a	ORGANIZATION DEBTOR TERAL CHANGI eted or added. PARTY OF RECouthorizing Debtor. AME	E): check only one box.  or give entire restated collater  CORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGAN	eral assigned.	). If this	s an Amendment authorized t	

10. OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20100922000311910 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

20121011000391080 2/2 \$.00 Shelby Cnty Judge of Probate, AL 10/11/2012 10:55:41 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY