ICC FINANCING STATEMENT AME					
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]					
Selene Armstrong 2261402					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
A lobomo Deserve Ceres		**************************************			
Alabama Power Company 600 18th St N					
Birmingham, AL 35203		2013030800009 Shelby Cnty J	HAGE DI I	- I Obac -	
		03/08/2013 10	:53:59 A	M FILED/CERT	
		THE ABOVE SPAC	E IS FOR F	ILING OFFICE U	ISE ONLY
. INITIAL FINANCING STATEMENT FILE# 201212280004	197880		to be file	ANCING STATEMING [for record] (or re	corded) in the
★ TERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respec	t to security interest(s) of the Sec	cured Party au	STATE RECORDS.  thorizing this Termi	nation Statement
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la	ent identified above with respect to secu				
ASSIGNMENT (full or partial): Give name of assignee in it		em 7c; and also give game of ac-	signor in ita	α	
AMENDMENT (PARTY INFORMATION): This Amendme		arty of record. Check only one	·		••• · · · · · · · · · · · · · · · · · ·
Also check one of the following three boxes and provide appropria	te information in items 6 and/or 7.	arty of record. One car only one t	) 111626 (WO D	UXES.	
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (if	item 6a or 6b; also give new if address change) in item 7c.  DEL	ETE name: Give record name e deleted in item 6a or 6b.	ADD na	me: Complete item also complete item	n 7a or 7b, and al
CURRENT RECORD INFORMATION:			i item re-	also complete item	is ru-ry (ii appiit
6a. ORGANIZATION'S NAME					····
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	I s	IIDDLE NAMI	<del></del>	1000-000
Boone	Victor		R		SUFFIX
L CHANGED (NEW) OR ADDED INFORMATION:	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			<u> </u>
7a. ORGANIZATION'S NAME					
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	IIDDLE NAM	E	SUFFIX
			<del> </del>		
7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS	FIRST NAME  CITY  Alabaster		STATE POS	STAL CODE	COUNTR
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  1306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORG	CITY Alabaster		STATE POS		COUNTR
76. INDIVIDUAL'S LAST NAME MAILING ADDRESS 306 Applegate Dr	CITY Alabaster		STATE POS	STAL CODE	COUNTE
75. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  MAILING ADDRESS  ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   100   10	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTI
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTI
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   ADDRESS   Check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one	CITY Alabaster  GANIZATION 7f. JURISDICTION O  box.	F ORGANIZATION 7	STATE POS	STAL CODE	COUNTE
The Individual's Last Name  MAILING ADDRESS  306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   Te. TYPE OF ORGORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one escribe collateral   deleted or   added, or give entire      AME OF SECURED PARTY OF RECORD AUTHORIZATION   DEBTOR   DEBTO	CITY Alabaster  GANIZATION  To JURISDICTION Of the property of	FORGANIZATION 7 be collateral assigned.	AL 35 g. ORGANIZA	STAL CODE  007  ATIONAL ID #, if an	COUNTRUS
AME OF SECURED PARTY OF RECORD AUTHORIZ Ids collateral or adds the authorizing Debtor, or if this is a Termin	CITY Alabaster  GANIZATION  To JURISDICTION Of the property of	FORGANIZATION 7 be collateral assigned.	AL 35 g. ORGANIZA	STAL CODE  007  ATIONAL ID #, if an	COUNTRUS
AME OF SECURED PARTY OF RECORD AUTHORIZ dis collateral or adds the authorizing Debtor, or if this is a Termin Ba. ORGANIZATION'S NAME	CITY Alabaster  GANIZATION  To JURISDICTION Of the property of	FORGANIZATION 7 be collateral assigned.	AL 35 g. ORGANIZA	STAL CODE  007  ATIONAL ID #, if an	US
76. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  1306 Applegate Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	CITY Alabaster  GANIZATION  To JURISDICTION Of the property of	FORGANIZATION 7  be collateral assigned.  signor, if this is an Assignment). and enter name of DEBTO	AL 35 g. ORGANIZA	ATIONAL ID #, if an this Amendment.	COUNTRUS

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS (front and back	ck) CAREFULLY	
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Ame	ndment form)
	20121228000497880		
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)
OR	Alabama Power Company		
UK	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

20130308000097220 2/2 \$.00 20130308000097220 e/2 \$.00 Shelby Cnty Judge of Probate, AL 03/08/2013 10:53:59 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY