Woods  MAILING ADDRESS  19031 River Dr  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGAN		E & PHONE OF CO Tarbert 226.14	ONTACT AT FILER [optional] 403					
Alabama Power Company 600 18th St N Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE # 20100105000002570/Shelby  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ID. This FINANCING STATEMENT AMENOMEN to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional proof 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 items 9.  MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor	SENE	D ACKNOWLEDGN	MENT TO: (Name and Address)		She]	lby Cnty	Judge of Probate	e, AL
Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE#  20100105000002570/Shclby  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT AMENDMEN  to be filed ffor record (or recorded) in the REAL ESTATE RECORDS.  CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination 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.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name of assignee in item 7c; and also give name of assignor in item 9.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name of assignor in item 9.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name of assignor in item 9.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name of assignor in item 9.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name of assignor in item 9.  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name  CHANGE name and/or address. Give current record name in tem 6g or 6b; also give name  CHANGE name and/or address. Give current record name  In the following three two boxes.  CHANGE name and/or address. Give current record name  In the following three two boxes.  CHANGE name and/or address. Give current record name  In the following three two boxes.  CHANGE name and/or address. Give current is  CONTINUATION. SHAME  In the ABOVE part of the Secured Party suthorizing this Certification. The following three two boxe	į	i Alabama Pow	er Company		⊕5/3	31/2013 Ø:	9:35:00 AM FILE(	D/CERT
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    This FIRANCING STATEMENT AMENOMEN   20100105000002570/Shclby   1b. This FIRANCING STATEMENT AMENOMEN   To be filed for record (or recorded) in the   REAL ESTATE RECORDS.   1c. This FIRANCING STATEMENT AMENOMEN   TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination 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   CONTINUATION: Effectiveness of the Financing Statement identified above 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   CONTINUATION: Effectiveness of the Financing Statement identified above 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   CONTINUATION: Effectiveness of the Financing Statement identified above 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   CONTINUATION: Party ForMATION: This Amendment affects   Debtor or   Secured Party authorizing this Termination Statement is   CONTINUATION: Party ForMATION: This Amendment affects   Debtor or								
INTIAL FINANCING STATEMENT FILE # 20100105000002570/Shelby    D								
INTIAL FINANCING STATEMENT FILE # 20100105000002570/Shelby    D	ļ							
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7 a 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 authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Debtor or Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Debtor or Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor or Debtor or Debtor or Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor o		AL EINIANGING OTAT	PACATAIT CILE #		THE ABOVE S			
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 gng of these two boxes.  Naso check one of the following three boxes and provide appropriate information in items 5 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 andifor new address (if address change) in item 7c.  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 andifor new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7c.  CURRENT RECORD INFORMATION:  5a. ORGANIZATION'S NAME  FIRST NAME  Robert  FIRST NAME  MIDDLE NAME  SUFFIX  A.  CHYO  Sharon  A.  CHYO  STATE POSTAL CODE  COUNTY  AL  35143  US  TAX ID #: SSN OR EIN ADDL INFORE   7c. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gng box.	INHIA	AL FINANCING STAT	201001050000	02570/Shelby		to t	oe filed [for record] (or re	corded) in the
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								
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					rity interest(s) of the Secur	ed Party auth	orizing this Continuation	Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give ourrent 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:  6b. INDIVIDUAL'S LAST NAME  Woods  A.  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  Woods  MAILING ADDRESS  19031 River Dr  TAX ID #: SSN OR EIN ADD'LINFO RE 7a. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION PART (COLLATERAL CHANGE); check only one box.				· · · · · · · · · · · · · · · · · · ·	em 7c: and also give name	of assignor in	item 9.	
ADD name: Complete item 7a or 7b, and all 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.  CLANGE 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.  CLANGE name and/or address: Give current record name in item 8a or 6b; also give new name (if name change) in item 7c or 7b and/or new address (if address change) in item 7c.  CLANGE NEW NEW NAME  6b. INDIVIDUAL'S LAST NAME  Woods  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Woods  Sharon  MAILING ADDRESS  19031 River Dr  TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any  AMENDMENT (COLLATERAL CHANGE): check only one how address in item 8a or 6b.  DELETE name: Give record name in item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and all item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete item 7a or 7b, and item 7c; also complete ite				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>		· · · · · · · · · · · · · · · · · · ·
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.		_			arty of record. Oneck only	<u>Quic</u> or those	two boxes.	
CURRENT RECORD INFORMATION:    Ba. ORGANIZATION'S NAME	TI CH	HANGE name and/or a	address: Give current record name in i	tem 6a or 6b; also give new DEI				
FIRST NAME   Robert   Robert   E.   SUFFIX				address change) in item 7c.	e deleted in item 6a of 6b.	1 108	ni rc, also complete iten	is ru-ry (ii applic
Woods Robert E.  CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME						· · · · · · · · · · · · · · · · · · ·	······································	······································
Woods Robert E.  CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME								
CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME						1,4551.5		Louise
Ta. ORGANIZATION'S NAME	4		NAME		<u>, , , , , , , , , , , , , , , , , , , </u>		NAME	SUFFIX
To. INDIVIDUAL'S LAST NAME   WIDDLE NAME   SUFFIX	4		NAME				NAME	SUFFIX
Woods Sharon A.  MAILING ADDRESS CITY STATE POSTAL CODE COUNTY  19031 River Dr Shelby AL 35143 US  TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 7f. JURISDICTION OF ORGANIZATION DEBTOR 7g. ORGANIZATIONAL ID #, if any  AMENDMENT (COLLATERAL CHANGE): check only one box.	CHAN	oods NGED (NEW) OR AL	DDED INFORMATION:				NAME	SUFFIX
MAILING ADDRESS  19031 River Dr  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	CHAN	oods NGED (NEW) OR AL	DDED INFORMATION:				NAME	SUFFIX
19031 River Dr  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Shelby  AL 35143  US  7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 7g. ORGANIZATIONAL ID #,	CHAN	OOds NGED (NEW) OR AI ORGANIZATION'S N	DDED INFORMATION: AME	Robert		E.		
TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any ORGANIZATION   0RGANIZATION   0RGANIZATI	7b. I	OODS  NGED (NEW) OR AL  ORGANIZATION'S N	DDED INFORMATION: AME	Robert FIRST NAME		E.		
ORGANIZATION DEBTOR DEBTOR DEBTOR DOWN ONE DOWN.	Wood	OODS  NGED (NEW) OR AL ORGANIZATION'S N	DDED INFORMATION:	Robert  FIRST NAME  Sharon		E.  MIDDLE A.	NAME	SUFFIX
· · · · · · · · · · · · · · · · · · ·	Th. I	OODS  NGED (NEW) OR AL  ORGANIZATION'S N  INDIVIDUAL'S LAST  OODS  ING ADDRESS	DDED INFORMATION:	FIRST NAME Sharon CITY		E.  MIDDLE A.  STATE	NAME POSTAL CODE	SUFFIX
escribe collateral I deleted or I added, or give entire I restated collateral description, or describe collateral I assigned.	7b. i WC MAILI 1903	oods NGED (NEW) OR AL ORGANIZATION'S N INDIVIDUAL'S LAST OODS ING ADDRESS 31 River Dr	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION	FIRST NAME Sharon CITY Shelby	FORGANIZATION	E.  MIDDLE A.  STATE AL	NAME  POSTAL CODE  35143	SUFFIX COUNTR US
Accounce definition in the second of the sec	TAX	NGED (NEW) OR ALTORISM INDIVIDUAL'S LAST OODS ING ADDRESS 31 River Dr	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR	FIRST NAME Sharon CITY Shelby GANIZATION 7f. JURISDICTION C	FORGANIZATION	E.  MIDDLE A.  STATE AL	NAME  POSTAL CODE  35143	SUFFIX COUNTR
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTR
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTF
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTF
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTF
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTR
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTR
	TAX	NGED (NEW) OR ALD ORGANIZATION'S NOT SOME ADDRESS OF A SIVER DRIVER OR AND A SING ADDRESS OR A SING ADDRESS OR A SING ADDRESS OR A SING	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGONIZATION   DEBTOR   TERAL CHANGE): check only one	FIRST NAME Sharon CITY Shelby SANIZATION 7f. JURISDICTION C		MIDDLE A. STATE AL 7g. ORG	NAME  POSTAL CODE  35143	SUFFIX COUNTR
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 w	TAX  AMEI  NAMI	NGED (NEW) OR ALL ORGANIZATION'S NOT INDIVIDUAL'S LAST COORS ING ADDRESS 31 River Dr ID#: SSN OR EIN ID#: SSN OR EIN ID# COLLA Ibe collateral dela dela dela dela dela dela dela de	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGORGANIZATION   DEBTOR    TERAL CHANGE): check only one eted or   added, or give entire    PARTY OF RECORD AUTHORIZ	FIRST NAME Sharon CITY Shelby  BOX.  restated collateral description, or description of the second state o	ribe collateral assigne	MIDDLE A. STATE AL 7g. ORG	POSTAL CODE 35143  SANIZATIONAL ID #, if a	COUNTRUS
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.	TAX NAME AMERICAN AME	NGED (NEW) OR ALL ORGANIZATION'S NO INDIVIDUAL'S LAST OODS ING ADDRESS 31 River Dr ID#: SSN OR EIN  NDMENT (COLLA ibe collateral dele collateral or adds the a	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGORGANIZATION   DEBTOR    TERAL CHANGE): check only one eted or   added, or give entire    PARTY OF RECORD AUTHORIZAL CHANGE   DEBTOR   DEBTO	FIRST NAME Sharon CITY Shelby  BOX.  restated collateral description, or description of the second state o	ribe collateral assigne	MIDDLE A. STATE AL 7g. ORG	POSTAL CODE 35143  SANIZATIONAL ID #, if a	COUNTRUS
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	TAX NAME AME NAME adds of 9a. (	NGED (NEW) OR ALL ORGANIZATION'S N. INDIVIDUAL'S LAST COODS ING ADDRESS 31 River Dr ID#: SSN OR EIN  NDMENT (COLLA ibe collateral dela dela dela dela dela dela dela de	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGORGANIZATION   DEBTOR    TERAL CHANGE): check only one eted or   added, or give entire    PARTY OF RECORD AUTHORIZATION   BUTTON    THE CORD AUTHORIZATION    AME	FIRST NAME Sharon CITY Shelby  BOX.  restated collateral description, or description of the second state o	ribe collateral assigne	MIDDLE A. STATE AL 7g. ORG	POSTAL CODE 35143  SANIZATIONAL ID #, if a	COUNTRUS
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  AME  NAMI  NAMI  AME  NAMI  N	NGED (NEW) OR ALL ORGANIZATION'S NOT AND ADDRESS 31 River Dr.  ID#: SSN OR EIN  NDMENT (COLLA ibe collateral or adds the address or adds the adds the address or adds the a	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGORGANIZATION   DEBTOR    TERAL CHANGE): check only one eted or   added, or give entire    PARTY OF RECORD AUTHORIZATION   Debtor, or if this is a Terminame  AME  Company	FIRST NAME Sharon CITY Shelby GANIZATION  Trestated collateral description, or description or description authorized by a Debtor, check here	ribe collateral assigne	MIDDLE A. STATE AL 7g. ORG	POSTAL CODE 35143 SANIZATIONAL ID #, if all orizing this Amendment.	SUFFIX COUNTR US ny

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20100105000002570/Shelby 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

•

201305310002222000 2/2 \$.00 Shelby Cnty Judge of Probate, AL 05/31/2013 09:35:00 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY