CCFINANCIN	GSTATEMENTAME	NDMENT	ORIGINAL			
NAME & PHONE OF Selene Armstrong S. SEND ACKNOWLED	NS (front and back) CAREFULLY CONTACT AT FILER [optional] 205-226-1402 GMENT TO: (Name and Address) wer Company N		20130809 Shelby 0 08/09/2		0 1/2 \$.00 ge of Probate; AL ge: 16 AM FILED/CER	
			THE ABOVE SP	ACE IS FO	R FILING OFFICE US	E ONLY
a. INITIAL FINANCING STA	ATEMENT FILE # 200805130001	95870		to b	FINANCING STATEMEN e filed [for record] (or reco	
. TERMINATION:	Effectiveness of the Financing Statement	identified above is terminated with respe	ect to security interest(s) of the		·	tion Statement.
	Effectiveness of the Financing Statem ditional period provided by applicable la	ent identified above with respect to secu	urity interest(s) of the Secure	d Party autho	orizing this Continuation S	tatement is
Also check one of the following CHANGE name and/	lowing three boxes <u>and</u> provide appropriator address: Give current record name in e) in item 7a or 7b and/or new address (NFORMATION:	item 6a or 6b; also give new	ELETE name: Give record nan be deleted in item 6a or 6b.	ne [] AD	D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable
R 6b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	······································	MIDDLE	NAME	SUFFIX
R 6b. INDIVIDUAL'S LAS Pruitt	ST NAME	FIRST NAME Dorothy		MIDDLE		SUFFIX
Pruitt	ADDED INFORMATION:			.		SUFFIX
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION: NAME	Dorothy		Louis		
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION: NAME			.		SUFFIX
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS	ADDED INFORMATION: NAME ST NAME	Dorothy FIRST NAME CITY		MIDDLE	NAME POSTAL CODE	SUFFIX
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS 300 South Rivers	ADDED INFORMATION: SNAME ST NAME	FIRST NAME CITY Shelby	OF ORGANIZATION	MIDDLE	NAME POSTAL CODE 35143	SUFFIX COUNTRY US
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS 300 South Rivers	ADDED INFORMATION: NAME ST NAME	FIRST NAME CITY Shelby	OF ORGANIZATION	MIDDLE	NAME POSTAL CODE	SUFFIX COUNTRY US
7a. ORGANIZATION'S 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS 300 South Rivers d. TAX ID #: SSN OR Ell Describe collateral	ADDED INFORMATION: NAME ST NAME ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR LATERAL CHANGE): check only one	FIRST NAME CITY Shelby RGANIZATION Tf. JURISDICTION e box. restated collateral description, or description, or description.		MIDDLE STATE AL 7g. ORG	NAME POSTAL CODE 35143	SUFFIX COUNTRY US
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS C. MAILING ADDRESS 300 South River d. TAX ID #: SSN OR Ell AMENDMENT (COLI Describe collateral Coll subordination: se AMENDMENT (SSN OR Ell ORGANIZATION'S	ADDED INFORMATION: NAME TO NAME A Dr N ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR LATERAL CHANGE): check only one deleted or added, or give entire ee attached document see	FIRST NAME CITY Shelby RGANIZATION Tf. JURISDICTION e box. restated collateral description, or description, or description.	cribe collateral assigned	MIDDLE STATE AL 7g. ORG.	POSTAL CODE 35143 ANIZATIONAL ID #, if any	COUNTRY US
Pruitt CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS 300 South River TAX ID #: SSN OR Ell AMENDMENT (COLI Describe collateral Coll subordination : se NAME OF SECURE adds collateral or adds the	ADDED INFORMATION: S NAME ST NAME A Dr N ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR LATERAL CHANGE): check only one deleted or added, or give entire ee attached document see D PARTY OF RECORD AUTHORITIES IN AME EN COmpany	FIRST NAME CITY Shelby RGANIZATION Testated collateral description, or description description are exhibit A EXECUTE: Shelby RECORD TO THE SHEET OF THE SHEE	cribe collateral assigned	MIDDLE STATE AL 7g. ORG.	POSTAL CODE 35143 ANIZATIONAL ID #, if any an Amendment authorized rizing this Amendment.	SUFFIX COUNTRY US

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20080513000195870 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

20130809000324370 2/2 \$.00 20130809000324370 2/2 \$.00 Shelby Cnty Judge of Probate, AL 08/09/2013 09:49:16 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY