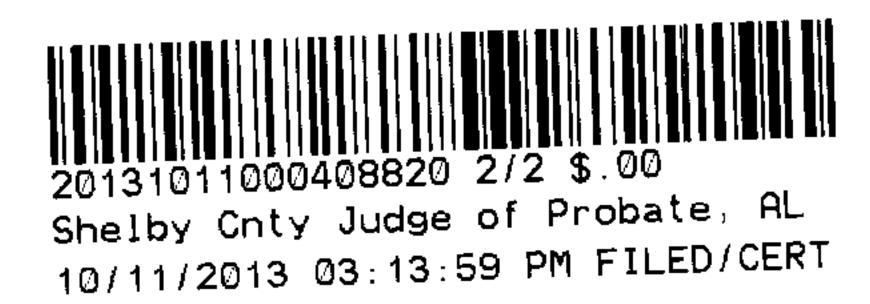


OLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]			6 8 8 6 1 6 		
Selene Armstrong 205-226-1402					
. SEND ACKNOWLEDGMENT TO: (Name and Address)	- · · · · · · · · · · · · · · · · · · ·		10110000	08820 1/2 \$.00	
		She:	by Cnty	Judge of Probate,	, AL
		10/	11/2013	3:13:59 PM FILED/	CERT
Alabama Power Company					
600 18th St N					
Birmingham, AL 35203					
•					
	.	THE ABOVE	SPACE IS	FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE # 2009062300024104	0		1b.	This FINANCING STATEME to be filed [for record] (or re	ENT AMENDMENT corded) in the
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated wit	h respect to security interest(s) of		REAL ESTATE RECORDS. Party authorizing this Termin	
CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law.	tified above with respect	to security interest(s) of the Sec	cured Party a	uthorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a o	r 7b and address of assig	nee in item 7c; and also give nar	ne of assigno	r in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	s Debtor or Se	ecured Party of record. Check or	nly one of the	se two boxes.	
Also check one of the following three boxes and provide appropriate inform			··) ======		
CHANGE name and/or address: Give current record name in item 6a on name (if name change) in item 7a or 7b and/or new address (if address)		DELETE name: Give record		ADD name: Complete item	1 7a or 7b, and alse
	s change) in item 7c.	to be deleted in item 6a or 6b).	item 7c; also complete item	ns 7d-7g (if applica
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]		· · · · · · · · · · · · · · · · · · ·			
6b. INDIVIDUAL'S LAST NAME			······································		
Wolford	1		MIDD	LE NAME	SUFFIX
W OHOI	Christie		N		
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
}					
7b. INDIVIDUAL'S LAST NAME	FIRST NAM	FIRST NAME		LE NAME	SUFFIX
MAILING ADDRESS	CITY		STAT	E POSTAL CODE	COUNTRY
149 Sunset Ln	Calera		AL	35040	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT	<u></u>	CTION OF ORGANIZATION		<u>. </u>	US
ORGANIZATION	non n. Jukisuk	TION OF ORGANIZATION	/g. O	RGANIZATIONAL ID #, if an	· y
DEBTOR					N
AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated	collateral description, o	r describe collateral assign	ied.		
		Smannifi ""			
		•			
	•				
JAME OF SECTIBED DADTY OF DECOME ALTERIAGIST OF			;**i.ī		
NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	115 AMENDMENT (na	me of assignor, if this is an Assign	nment). If this	is an Amendment authorize	d by a Debtor whi
dus consterar or adds the authorizing Deptor, or if this is a Termination au	unorized by a Debtor, che	ck nere and enter name of D	EBTOR aut	horizing this Amendment.	
9a. ORGANIZATION'S NAME					
Alabama Power Company					
9b. INDIVIDUAL'S LAST NAME					

SUFFIX

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) 20090623000241040 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



13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY