

LOW INSTRUCTIONS (front and back) CAREFULLY	ENT			
NAME & PHONE OF CONTACT AT FILER [optional]				
lene Armstrong 205- 226-1402				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
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Alabama Power Company		201401020000		
600 18th St N Birmingham, AT, 25202		20140103000000 Shelby Cntv Ju	2/ଏଏ 1/2 \$.00 udge of Probate,	~ 1
Birmingham, AL 35203		01/03/2014 10	59:58 AM FILED/	CERT
NITIAL FINANCING STATEMENT FILE #	TH	E ABOVE SPACE IS F		
20130626000260790		1b. This FINANCING STATEMENT AMENDMEN to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security i	interest(s) of the Secured P	arty authorizing this Termi	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s	s) of the Secured Party aut	horizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and a	len dive name of accidnor is	n itom O	
RACKIONACKIT (DADW) (AND DAAKTE ON)		d. Check only <u>one</u> of these		
so check one of the following three boxes and provide appropriate information		or these	IWO DUXES.	
TCHANGE name and/or address: Give current record name in item 6a or 6b.	also divo pour	Give record name	DD_name: Complete iten	a 7a or 7h and al
name (if name change) in item 7a or 7b and/or new address (if address char URRENT RECORD INFORMATION:	nge) in item 7c. to be deleted in it	tem 6a or 6b.	em 7c; also complete iten	ns 7d-7g (if applie
6a. ORGANIZATION'S NAME			·····	
6b. INDIVIDUAL'S LAST NAME	T = = =	······································		
Harris	FIRST NAME	MIDDLE	NAME	SUFFIX
	Benjamin	Keith	l	
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME:	SUFFIX
Harris	Meredith	i i	W	
AILING ADDRESS			,	
017 Colonial Dr	CITY	STATE	POSTAL CODE	COUNTR
71 / Colomai Di	Alabaster	AL	35007	US
AVIDA. CON ODEM LADOM MED OF L	7f. JURISDICTION OF ORGANIZA	ATION 7g. ORG	ANIZATIONAL ID #, if an	y
AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION				
ORGANIZATION DEBTOR				П,
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130626000260790 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR Alabama Power Company 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

201401030000002700 2/2 \$.00 Shelby Cnty Judge of Probate, AL 01/03/2014 10:59:58 AM FILED/CERT

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