

OLLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional]				
Selene Armstrong 205-226-1402				
SEND ACKNOWLEDGMENT TO: (Name and Address)	······································			
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Alabama Power Company				
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		THE ABOVE SPACE IS	OR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 20110620000180090		1b. T	his FINANCING STATEME be filed [for record] (or rec REAL ESTATE RECORDS.	NT AMENDMEN
★ TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to secur			ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.				
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c; an	d also give name of assignor	in item 9.	······································
		cord. Check only one of thes		· · · · · · · · · · · · · · · · · · ·
Also check one of the following three boxes and provide appropriate information is	in items 6 and/or 7.			
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE nam	e: Give record name in item 6a or 6b.	ADD name: Complete item item 7c; also complete item	7a or 7b, and als
CURRENT RECORD INFORMATION:	a-,	THE THE COLUMN TWO IS NOT THE COLUMN TWO IS	nem 70, aiso complete item	s ru-ry (ii applic
6a. ORGANIZATION'S NAME	······································	······································		
6b. INDIVIDUAL'S LAST NAME Simmons	FIRST NAME	MIDDL	E NAME	SUFFIX
Simmons	Victor	В		
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME			I ou be ease
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Simmons' MAILING ADDRESS	Louphelia	CTATE	IDOCTAL CODE	COLUNTO
MAILING ADDRESS	CITY	STATE		
MAILING ADDRESS 1145 Dearing Downs Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	<u> </u>	STATE	POSTAL CODE 35080 GANIZATIONAL ID #, if any	US
MAILING ADDRESS 1 145 Dearing Downs Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR	CITY Helena	STATE	35080	US
MAILING ADDRESS 1 145 Dearing Downs Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY Helena 7f. JURISDICTION OF ORGAN	AL 7g. OR	35080	US
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MAILING ADDRESS 1145 Dearing Downs Dr TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDRESS ORGANIZATION NAME Alabama Power Company	Helena 7f. JURISDICTION OF ORGAN eral description, or describe collate MENDMENT (name of assignor, if the	AL IZATION 7g. OR oral assigned.	is an Amendment authorized	US
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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) 20110620000180090 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

20140103000002760 2/2 \$.00 Shelby Cnty Judge of Probate, AL 01/03/2014 11:00:04 AM FILED/CERT

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