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OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Selene Armstrong 205- 226-1402			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
			
Alabama Power Company			
600 18th St N			
Birmingham, AL 35203	20140 Chalk	0117000016210 1/2 \$.00 by Chty Judge of Probate, AL	
	01/17	7/2014 09:31:30 AM FILED/CERT	
	THE	ABOVE SPACE IS FOR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE # 2013021300006	62080	1b. This FINANCING STATEMEN to be filed [for record] (or record)	
		REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement i			
 CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law 	ent identified above with respect to security interest(s) of w.	of the Secured Party authorizing this Continuation S	tatement is
. ASSIGNMENT (full or partial): Give name of assignee in ite	em 7a or 7b and address of assigned in item 7a; and als	n give name of sesignor in item 0	
. AMENDMENT (PARTY INFORMATION): This Amendmen		Check only <u>one</u> of these two boxes.	·
Also check one of the following three boxes and provide appropriat	terent to the second	Check only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in in name (if name change) in item 7a or 7b and/or new address (if			a or 7b, and also
CURRENT RECORD INFORMATION:	f address change) in item 7c to be deleted in item	m 6a or 6bitem 7c; also complete items	7d-7g (if applicat
6a. ORGANIZATION'S NAME	**** * ***** * *		<u> </u>
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Donner	Carol	Ann	
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			······································
)R			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7ь. INDIVIDUAL'S LAST NAME Maier	FIRST NAME Hubert	MIDDLE NAME E	SUFFIX
Maier C. MAILING ADDRESS	Hubert	E STATE POSTAL CODE	COUNTRY
Maier Mailing Address 112 Mangrove Dr	Hubert CITY Alabaster	E	
Maier Mailing Address 112 Mangrove Dr	Hubert CITY Alabaster	E STATE POSTAL CODE AL 35007	COUNTRY
Maier Mailing address 112 Mangrove Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR	Hubert CITY Alabaster GANIZATION 7f. JURISDICTION OF ORGANIZAT	E STATE POSTAL CODE AL 35007	COUNTRY
Maier Mailing Address 112 Mangrove Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	Hubert CITY Alabaster GANIZATION 7f. JURISDICTION OF ORGANIZAT box.	STATE POSTAL CODE AL 35007 TION 7g. ORGANIZATIONAL ID #, if any	COUNTRY
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Maier Mailing Address 112 Mangrove Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHORIZ adds collateral or adds the authorizing Debtor, or if this is a Termin 9a. ORGANIZATION'S NAME Alabama Power Company	Hubert CITY Alabaster GANIZATION 7f. JURISDICTION OF ORGANIZAT box. restated collateral description, or describe collateral ZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35007 TION 7g. ORGANIZATIONAL ID #, if any assigned.	COUNTRY US

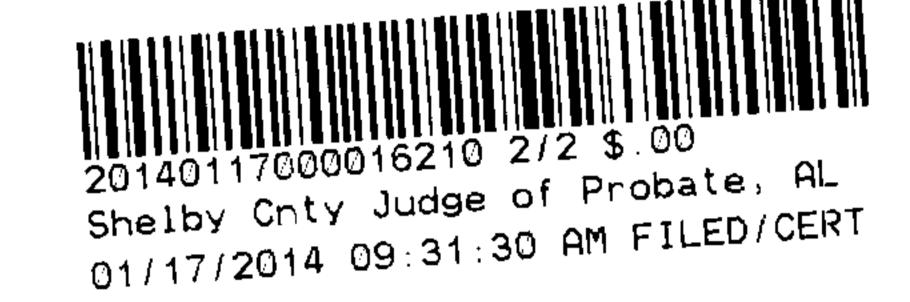
UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130213000062080 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

12b. INDIVIDUAL'S LAST NAME



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY