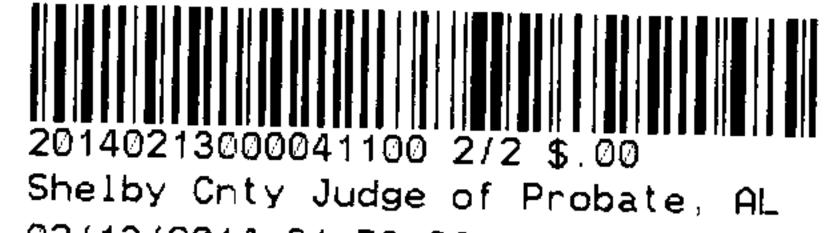


Alabama Power Company 600 18th St N Birmingham, AL 35203 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY **THE ABOVE SPACE IS FOR FIL		INSTRUCTIONS (front and back) CAREFULLY E & PHONE OF CONTACT AT FILER [optional]	· · · · · · · · · · · · · · · · · · ·		
Alabama Power Company 600 I Rth St N Birmingham, AL 35203 ### AL 35204 ### AL 35203 ### AL 35204 ### AL 35203 ### AL 35203 ### AL 35203 ### AL 35204		- · · -			
Birmingham, AL 35203 201402/13/2014 01:53:26 PM FILED/CERT	·		······································		
Birmingham, AL 35203 201402/13/2014 01:53:26 PM FILED/CERT	ſ				4 11
Birmingham, AL 35203 201402/13/2014 01:53:26 PM FILED/CERT	l	Alahama Darrian Campanyi			
Birmingham, AL 35203 Shelby City Judge of Probate, AL 02/13/2014 01:53:26 PM FILED/CERT					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20100927000316730				· ·	L_
In The FINANCING STATEMENT AMENDMENT The Financy Company of the C	•	21111111111111111111111111111111111111	Ø	2/13/2014 01:53:26 PM FILED/CE	RT
In The FINANCING STATEMENT AMENDMENT The Financy Company of the C					
In The FINANCING STATEMENT AMENDMENT The Financy Company of the C	1				
TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party estimating that Formination Statement.	<u></u>		THE A	BOVE SPACE IS FOR FILING OFFICE U	SE ONLY
TERMINATION: Effectiveness of the Financing Statement issentified above as terminated with respect to security interrest(s) of the Secured Party subtribing bits Termination Statement is continued from 4 additional period provided by applicable low. ASSIGNMENT (fut or partial): Give name of assignee in item 7s or 7s and address of assignee in item 7s; and also give name of assignor in item 9. AREADMENT (PARTY INFORMATION): This Amendment affects Debtor at Secured Party of record. Check only gap of these two boxes. Also obselve up of the following three boxes and provide appropriate information in items 3 and/or 7. OHANGS marked Party of record. Check only gap of these two boxes.	AITINI .				
CONTINUATION: Efficiences of the Financing Sulament is desirated above with respect to security interest(s) of the Secured Party sulfronzing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (flut or partials): Give name of assigner in item 7 or 75 and address of assignee in item 7c; and alter give name of assigner in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects		20100927000316730	· · · · · · · · · · · · · · · · · · ·		
ASSIGNMENT (bill or partial): (ive name of assignee in item 7s or 7b and address of assignee in item 7s; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three hoses and provide appropriate information in items 6s and/or 7. CITY DELETE name: Cive record name ADD name: Complete item 7s or 7b, and sit the partial control interest of the partial cont	X TE	RMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security inter	est(s) of the Secured Party authorizing this Termi	nation Statement.
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (party information): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (party information): The following provide appropriate information in lemms a endotor. ADD name: Compilete item 7a or 7b, and although in them 6s or 6b. Debtor record name ADD name: Compilete item 7a or 7b, and although in them 6s or 6b. CARRAINZATIONS NAME Debtor or 1 and o			fied above with respect to security interest(s) of	the Secured Party authorizing this Continuation	Statement is
AME OR SOLUTION STAND THE ATT OF METON TO THE AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Pany of record. Check only gate of these two boxes. Also check date of the following three boxes and provide appropriate information in terms 6 and/or 7. CHANGE can and/or address. (Sive current record have in left for 65, stop of even the change) in term? (a or 75 and attemption from 1 are 75 and of the many of the provided for the address of the provided in terms 6 and/or 7. CHANGE CAN INTO INFORMATION: 65. PORTON INFORMATION: 65. PORTON INFORMATION: 66. PORTON INFORMATION: 66. PORTON INFORMATION: 67. PORTON INFORMATION: 76. PORTON INFORMATION: 77. PORTON INFORMATION: 78. PORTON INFORMATION: 79. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME VORTON INFORMATION: 79. PORTON INFORMATION: 79. ORGANIZATION SHAME TAXID # SSN OR EIN ADDITION FOR INFORMATION PORTON INFORMATION ORGANIZATION PORTON INFORMATION ORGANIZATION ORGANIZATION PORTON INFORMATION ORGANIZATION PORTON INFORMATION ORGANIZATION ORGANIZATION PORTON INFORMATION ORGANIZATION ORGANIZATION PORTON INFORMATION ORGANIZATION	_		· · · · · · · · · · · · · · · · · · ·	······································	
Allow check does of the following three boxes and provide appropriate information in aems 6 and/or 7, CHANGE name and/or editions. (If you current record name in laims 6 or 65 allow you may be controlled from 7 or 75, and all defense of the provide stage). (If you cannot controlled from 7 or 75, and all defense of the provide stage). (If you cannot controlled from 7 or 75, and all defense of the provide stage). (If you cannot cannot have address of address charge) in item 7.5. Go. ORGANIZATIONS NAME So. INDIVIDUAL'S LAST NAME		······			
CHANGE name and/or editions: Give current accord name in lams flar or 5th and or the minimal flar mane of the property of the				Check only one of these two boxes.	
CARRENT RECORD INFORMATION:				e record name — TITI ADD same. Complete item	プロ Ar 7h A1-
Go. ORGANIZATION'S NAME Shelby Shelb	nan	me (if name change) in item 7a or 7b and/or new address (if address			ns 7d-7g (if applie
Suffix Shelby Suffix Shelby Suffix Shelby Suffix Shelby Suffix Shelby Suffix Shelby Shelby Suffix Shelby S					
Shelby CHANGED (NEW) OR ADDED INFORMATION. 7a. ORGANIZATION'S NAME TRIST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME FIRST NAME MIDDLE NAME SUFFIX TO STAL CODE COUNTR AL 35040 US TAX ID #: SSN OR EIN ADDI. INFO RE 7a. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if eny ORGANIZATION ORGANIZAT					
Needham Shelby J CHANGED (NEW) OR ADDED INFORMATION: To. ORGANIZATION'S NAME	6b. IN	NDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	GUEELY
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MAILING ADDRESS CITY Calera AL 35040 US TAXID **: SSN OR RIM ADD'L INFO RE 7a. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID **, if any				T	SUFFIX
AL 35040 US TAXID #: SSN OR EIN ADDLINFO RE 76. TYPE OF ORGANIZATION 77. JURISDICTION OF ORGANIZATION 79. ORGANIZATION	7a. C	DRGANIZATION'S NAME			
TAX ID #: SSN OR EIN ADDL INFO RE 76. TYPE OF ORGANIZATION 77. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any DeBTOR	7b. IN	NDIVIDUAL'S LAST NAME			
ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or deleted or deleted or deleted or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor what adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 98. ORGANIZATION'S NAME A Isbama Power Company	7b. IN	NDIVIDUAL'S LAST NAME NG ADDRESS	CITY	STATE POSTAL CODE	COUNTR
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor what adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing Ihis Amendment. Part Debt D	7b. IN MAILIN	NDIVIDUAL'S LAST NAME NG ADDRESS Village Trl	CITY Calera	STATE POSTAL CODE AL 35040	COUNTR
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor what adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. Pa. ORGANIZATION'S NAME Alabama Power Company Alabama Power Co	7b. IN MAILIN	NDIVIDUAL'S LAST NAME NG ADDRESS Village Trl D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY Calera	STATE POSTAL CODE AL 35040	COUNTR
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor wit dots collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company	7b. IN	NDIVIDUAL'S LAST NAME NG ADDRESS NG VIllage Trl D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY Calera	STATE POSTAL CODE AL 35040	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDIAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDIAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDIAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDUAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company 9b. INDIVIDIAL'S LAST NAME	7b. IN MAILIN TAX II	NDIVIDUAL'S LAST NAME NG ADDRESS S Village Trl D #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box.	CITY Calera ION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an	COUNTR
Alabama Power Company	MAILIN 1055 TAX III	NG ADDRESS 5 Village Trl D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box. be collateral deleted or added, or give entire restated The control of the cont	CITY Calera ON 7f. JURISDICTION OF ORGANIZATIO collateral description, or describe collateral IS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an assigned. an Assignment). If this is an Amendment authorize	COUNTRUS
ON INDIVIDUAL'S LAST NAME	MAILIN 1055 TAX II AMEN Describ	NDIVIDUAL'S LAST NAME NG ADDRESS O VIllage Trl D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box. Dee collateral deleted or added, or give entire restated restated restated added restated	CITY Calera ON 7f. JURISDICTION OF ORGANIZATIO collateral description, or describe collateral IS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an assigned. an Assignment). If this is an Amendment authorize	COUNTRUS
106 INDIVIDIAL'S LAST NAME	MAILIN 1055 TAX II AMEN Describ	NDIVIDUAL'S LAST NAME NG ADDRESS SOVILLAGE TRI D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box. Dee collateral deleted or added, or give entire restated The company of the company of the company of the collateral or adds the authorizing Debtor, or if this is a Termination authorization's NAME	CITY Calera ON 7f. JURISDICTION OF ORGANIZATIO collateral description, or describe collateral IS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an assigned. an Assignment). If this is an Amendment authorize	COUNTRUS
	7b. IN MAILIN 1055 TAX II AMEN Describ NAME adds co 9a. Of A1	NDIVIDUAL'S LAST NAME NG ADDRESS SOVILlage Trl D#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR NDMENT (COLLATERAL CHANGE): check only one box. be collateral deleted or added, or give entire restated Description restated restated rest	CITY Calera ON 7f. JURISDICTION OF ORGANIZATIO collateral description, or describe collateral IS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35040 ON 7g. ORGANIZATIONAL ID #, if an assigned. an Assignment). If this is an Amendment authorize	COUNTRY

LICC FINANCING STATEMENT AMENDMENT ADDENDI IM I

UU	C LIMMIACHAR 2 I W I EIAIE		HI ADDEHOUM		
FOLI	LOW INSTRUCTIONS (front and back) C	AREFULLY			
11.	NITIAL FINANCING STATEMENT FILE	# (same as item 1a on Amend	dment form)		
	20100927000316730				
12.	NAME OF PARTY AUTHORIZING THIS 12a. ORGANIZATION'S NAME	AMENDMENT (same as it	em 9 on Amendment form)		
OR	Alabama Power Company				
UK	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		

13. Use this space for additional information



02/13/2014 01:53:26 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY