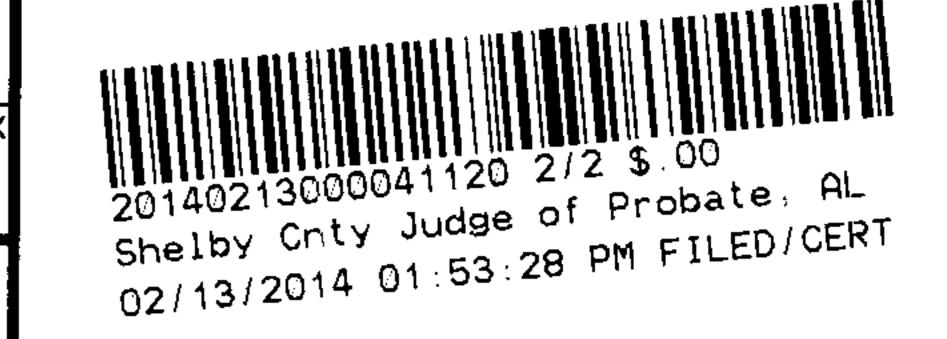


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DLLOW INSTRUCTIONS (front and back) CAREFULLY	· • • • • • • • • • • • • • • • • • • •			
NAME & PHONE OF CONTACT AT FILER [optional]				
elene Armstrong 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)	<u></u>			
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Alabama Power Company	" 61 1 1 1			
600 18th St N				
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	02	lby Cnty Judge of / 13/2014 01:53:28 P	M LICED A CONTRACT	
		THE ABOVE SPACE IS	S FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE #	^	1b.		
20090216000052770			to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respect to se	curity interest(s) of the Secure		nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	miles above with respect to security with	stesi(s) of the Secured Party	authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a o	r 7h and address of assistance in Hom 7-	and also also name of acci-	or in itom O	
AMENDMENT (PARTY INFORMATION): This Amendment affects		record. Check only one of the	ese 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)	or 65; also give new DELETE n s change) in item 7c. Lobe delet	ame: Give record name ed in item 6a or 6b.	ADD name: Complete item item 7c; also complete item	7a or 7b, and also is 7d-7g (if applicable
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
Stano	Adam			
CHANCED (NEW) OR ADDED INFORMATION				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	**************************************	 		
TEL ONGANIZATION SINAME				
75 1510151141101400	·			
* 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
			TE POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY	STA	IE POSTAL CODE	COUNTRY
MAILING ADDRESS 160 Highway 54	Montevallo	STA AL		
	Montevallo	AL	35115	US
160 Highway 54 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	Montevallo	AL		US
160 Highway 54 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	Montevallo	AL	35115	US
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	Montevallo TION 7f. JURISDICTION OF ORG	AL ANIZATION 7g. C	35115	US
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (fro	it and back) CAREFULLY	
11. INITIAL FINANCING STAT 20090216000	EMENT FILE # (same as item 1a on Ame	endment form)
12a. ORGANIZATION'S NAMI Alabama Power Con		s item 9 on Amendment form)
12b. INDIVIDUAL'S LAST NAI	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY