		OPICITIE		
CC FINANCING STATEMENT AMENDMEN OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Selene Armstrong 205-226-1402 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Alabama Power Company 600 18th St N Birmingham, AL 35203		2014022000000 Shelby Cnty	47040 1/2 \$.00 Judge of Proba 0:56:24 AM FILE	
a. INITIAL FINANCING STATEMENT FILE #	THE ABOV		FILING OFFICE US	
20130715000286160		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified above		of the Secured Party a	authorizing this Termina	
 CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law. 	ove with respect to security interest(s) of the Se	ecured Party authoriz	ing this Continuation S	tatement is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c: and also give na	ame of assignor in iten	n 9.	
	ebtor or Secured Party of record. Check			
Also check one of the following three boxes and provide appropriate information in		only one of these two	DOXES.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change)		d name	name: Complete item 7	a or 7b, and also
L. I name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6a or 6	6bitem 7	c; also complete items	7d-7g (if applicabl
6a. ORGANIZATION'S NAME	··· ··································	· · · · · · · · · · · · · · · · · · ·		
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAM	MF	SHEERY
R 6b. INDIVIDUAL'S LAST NAME Mwangi	FIRST NAME Elijah	MIDDLE NAM	ME	SUFFIX
Mwangi	FIRST NAME Elijah	MIDDLE NA	ME	SUFFIX
Mwangi CHANGED (NEW) OR ADDED INFORMATION:		MIDDLE NAM	ME	SUFFIX
Mwangi		MIDDLE NAM	ME	SUFFIX
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		MIDDLE NA		
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	Elijah FIRST NAME			SUFFIX
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi	Elijah FIRST NAME Katherine	MIDDLE NA	ME	SUFFIX
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address	FIRST NAME Katherine CITY	MIDDLE NAI	ME OSTAL CODE	SUFFIX
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address 196 Kentwood Dr	FIRST NAME Katherine CITY Alabster	MIDDLE NATE PO	ME OSTAL CODE 5007	SUFFIX COUNTRY US
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address 196 Kentwood Dr	FIRST NAME Katherine CITY	MIDDLE NATE PO	ME OSTAL CODE	SUFFIX COUNTRY US
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address 196 Kentwood Dr TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME Katherine CITY Alabster	MIDDLE NATE PO	ME OSTAL CODE 5007	SUFFIX COUNTRY US
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address 196 Kentwood Dr I. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME Katherine CITY Alabster 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAI STATE PO AL 3	ME OSTAL CODE 5007	SUFFIX COUNTRY US
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Mwangi Mailing address 196 Kentwood Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral deleted or added, or give entire restated collateral deleted or address of the collateral deleted or address of this is a Termination authorized 9a. ORGANIZATION'S NAME Alabama Power Company	FIRST NAME Katherine CITY Alabster 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment assignment and the second sec	STATE POAL 3 7g. ORGANI	ME OSTAL CODE 5007 ZATIONAL ID #, if any	COUNTRY
Mwangi CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME Mwangi Malling Address 196 Kentwood Dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE); check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral addressed on address	FIRST NAME Katherine CITY Alabster 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment assignment and the second sec	STATE POAL 3 7g. ORGANI	ME OSTAL CODE 5007 ZATIONAL ID #, if any and this Amendment.	SUFFIX 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) 20130715000286160 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

20140220000047040 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/20/2014 10:56:24 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY