

| LLOW INSTRUCTIONS (front and back) CAREFULLY   |   |                             |   |                  |
|--|---|-----------------------------|---|------------------|
| NAME & PHONE OF CONTACT AT FILER [optional]  |   |                             |   |                  |
| elene Armstrong 205-226-1402   |   |                             |   |                  |
| SEND ACKNOWLEDGMENT TO: (Name and Address)   |   | 201402200<br>Shelby Cn      | 00047070 1/2 \$.0<br>ty Judge of Prob               | 00               |
|  |   | 02/20/201                   | 4 10:56:27 AM FI                                    | LED/CERT         |
| Alabama Power Company  | · · · · · · · · · · · · · · · · · · ·   |                             |   |                  |
| 600 18th St N  |   |                             |   |                  |
| Birmingham, AL 35203   |   |                             |   |                  |
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|  | THE AR  | OVE SDACE IS EA             | DELLING OFFICE H                                    | SE ONI V         |
| INITIAL FINANCING STATEMENT FILE #   | INCAD   |                             | S FINANCING STATEME                                 |                  |
| 20090602000209260  |   |                             | oe filed (for record) (or rec<br>AL ESTATE RECORDS. | corded) in the   |
| ★ TERMINATION: Effectiveness of the Financing Statement identified a   | above is terminated with respect to security interest   |                             |   | ation Statement. |
| CONTINUATION: Effectiveness of the Financing Statement identific   | ed above with respect to security interest(s) of the  | e Secured Party auth        | orizing this Continuation                           | Statement is     |
| continued for the additional period provided by applicable law.  |   |                             |   |                  |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7  | b and address of assignee in item 7c; and also giv  | e name of assignor in       | item 9.   |                  |
| AMENDMENT (PARTY INFORMATION): This Amendment affects  | Debtor or Secured Party of record. Che  | ck only <u>one</u> of these | two boxes.  |                  |
| Also check one of the following three boxes and provide appropriate informat   |   |                             |   |                  |
| CHANGE name and/or address: Give current record name in item 6a or on the name (if name change) in item 7a or 7b and/or new address (if address of the name change) in item 7a or 7b and/or new address (if address of the name change) in item 7a or 7b and/or new address (if address of the name change) in item 7a or 7b and/or new address (if address of the name change) in item 7a or 7b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and/or new address (if address of the name in item 6a or 1b and  | 6b; also give new DELETE name: Give rechange) in item 7c. to be deleted in item 6a                |                             | DD name: Complete item<br>m 7c; also complete item  |                  |
| CURRENT RECORD INFORMATION:  | ·   | •                           |   |                  |
| 6a. ORGANIZATION'S NAME  |   |                             |   |                  |
| CE INDUSTRICE ACTIVALE   |   |                             |   | S' 'FFIX         |
| 6b. INDIVIDUAL'S LAST NAME  Donaldson  | FIRST NAME  |                             |   |                  |
| Donaidson  | David   | Edwa                        | ra  |                  |
| CHANGED (NEW) OR ADDED INFORMATION:  |   |                             |   | ····             |
| 7a. ORGANIZATION'S NAME  |   |                             |   |                  |
| 7b. INDIVIDUAL'S LAST NAME   | FIRST NAME  | MIDDLE                      | NAME  | SUFFIX           |
| FID. INDIVIDUAL O LAGI NAML  | T INSTITUTE   | A                           | IAVIAIC   | 30, 17           |
|  | Dhyllic   | Ι Δ                         |   |                  |
| Donaldson  | Phyllis   | A                           | IBOSTAL CODE  | COLINTRY         |
| Donaldson MAILING ADDRESS  | CITY  | STATE                       | POSTAL CODE   |                  |
| Donaldson  MAILING ADDRESS  4515 S ShadesCrest Rd  | CITY Helena   | STATE                       | 35080   | US               |
| Donaldson  MAILING ADDRESS  4515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION  | CITY Helena   | STATE                       |   | <u>.</u><br>У    |
| Donaldson  MAILING ADDRESS  4515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   | CITY Helena   | STATE                       | 35080   | US               |
| Donaldson  MAILING ADDRESS  4515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.   | CITY Helena ON 7f. JURISDICTION OF ORGANIZATION   | STATE AL 7g. ORG            | 35080   | US               |
| Donaldson  MAILING ADDRESS  1515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.   | CITY Helena ON 7f. JURISDICTION OF ORGANIZATION   | STATE AL 7g. ORG            | 35080   | US               |
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| Donaldson  MAILING ADDRESS  4515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated of the collateral   added    NAME OF SECURED PARTY OF RECORD AUTHORIZING THI adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing authorizing deleted or if this is a Termination authorized deleted or if this is a Termination autho | CITY Helena ON 7f. JURISDICTION OF ORGANIZATION  collateral description, or describe collateral a | STATE AL 7g. ORG            | 35080 SANIZATIONAL ID #, if an                      | y                |
| MAILING ADDRESS  4515 S ShadesCrest Rd  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated of   restated of    NAME OF SECURED PARTY OF RECORD AUTHORIZING THI   adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor.  | CITY Helena ON 7f. JURISDICTION OF ORGANIZATION  collateral description, or describe collateral a | STATE AL 7g. ORG            | SANIZATIONAL ID #, if and san Amendment authorized  | y N              |
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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) 20090602000209260 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR Alabama Power Company IZB. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

20140220000047070 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/20/2014 10:56:27 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY