

NAME & PHONE OF CONTACT AT FILER [optional] elene Armstrong 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
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Alabama Power Company			
600 18th St N			
Birmingham, AL 35203		000088110 1/2 \$.00 hty Judge of Probate, AL	
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· •			
	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	
20130823000345010		to be filed [for record] (or	
★ TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s) of	the Secured Porty authorizing this Tors	·
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security interest(s) of the Sec	ured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also give nam	e of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information			
CHANGE name and/or address: Give current record name in item 6a or 6b.	· also give new		m 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address cha	inge) in item 7c. Lobe deleted in item 6a or 6b	item 7c; also complete ite	ems 7d-7g (if applicable
6a. ORGANIZATION'S NAME			
Ch. (NIDIVIDUALICA ACTAVANT	····		
DED. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lipscomb	Kimyetta	J	
CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	······································	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Leucery
		WILDOLL INAIVIL	SUFFIX
MAILING ADDRESS			
	CITY	STATE POSTAL CODE	COUNTRY
451 Holland Lakes Drive N	Pelham	AL 35124	US
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
DEBTOR			—
AMENDMENT (COLLATERAL CHANGE): check only one box.			NO!
ANTENDIVIENT (COLLATERAL CHANGE): check only one box.	Pommily Control of the Control of th		
Describe collateral deleted or added, or give entire restated colla	ateral description, or describe collateral assign	ed.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authoric	zed by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS Andds collateral or adds the authorizing Debtor, or if this is a Termination authoriz	AMENDMENT (name of assignor, if this is an Assign zed by a Debtor, check here and enter name of D	ment). If this is an Amendment authori EBTOR authorizing this Amendment.	zed by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS An adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	AMENDMENT (name of assignor, if this is an Assign zed by a Debtor, check here and enter name of D	ment). If this is an Amendment authori EBTOR authorizing this Amendment.	zed by a Debtor which
9a. ORGANIZATION'S NAME	AMENDMENT (name of assignor, if this is an Assign zed by a Debtor, check here and enter name of D	ment). If this is an Amendment authori EBTOR authorizing this Amendment.	zed by a Debtor which
9a. ORGANIZATION'S NAME Alabama Power Company	zed by a Debtor, check here and enter name of D	EBTOR authorizing this Amendment.	zed by a Debtor which
9a. ORGANIZATION'S NAME Alabama Power Company	AMENDMENT (name of assignor, if this is an Assign and by a Debtor, check here and enter name of D	ment). If this is an Amendment authori EBTOR authorizing this Amendment. MIDDLE NAME	zed by a Debtor which
9a. ORGANIZATION'S NAME Alabama Power Company	zed by a Debtor, check here and enter name of D	EBTOR authorizing this Amendment.	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

OLLOW INSTRUCTIONS (front and	hack) CAREFULLY	
11. INITIAL FINANCING STATEMEN		endment form)
2013082300034501		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. NAME OF PARTY AUTHORIZIN 12a. ORGANIZATION'S NAME Alabama Power Company		item 9 on Amendment form)
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information



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