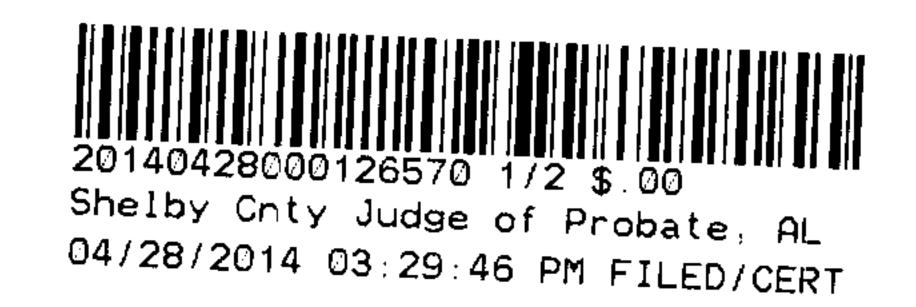
Carrie "	•	33. A.A



OLLOW INSTRUCTIONS (front and back) CAREFULLY	NDMENT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Selene Armstrong 205-226-1402			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alahama Dayyar Campany			
Alabama Power Company 600 18th St N			
Birmingham, AL 35203			
Diffillingham, AL 33203			
[
<u> </u>			CE ONLY
a. INITIAL FINANCING STATEMENT FILE #	i HE	ABOVE SPACE IS FOR FILING OFFICE U 1b. This FINANCING STATEME	
2013071500028	6190	to be filed [for record] (or re	
TEDMINIATIONS FOR STATE OF STA		REAL ESTATE RECORDS.	
. X TERMINATION: Effectiveness of the Financing Statement ide			
 CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law. 	· · · · · · · · · · · · · · · · · · ·	of the Secured Party authorizing this Continuation	Statement is
. ASSIGNMENT (full or partial): Give name of assignee in item	m 7a or 7b and address of assignee in item 7c; and also	o 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.	
Also check one of the following three boxes and provide appropriate			
CHANGE name and/or address: Give current record name in ite name (if name change) in item 7a or 7b and/or new address (if a	em 6a or 6b; also give new DELETE name: Gi address change) in item 7c to be deleted in item		
. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lindsey	Joshua	R	
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	·····		
7b. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME			
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr	CITY Helena	STATE POSTAL CODE AL 35080	COUNTRY
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY Helena	STATE POSTAL CODE AL 35080	COUNTRY
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA	CITY Helena	STATE POSTAL CODE AL 35080	COUNTRY
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 5104 Shamrock Dr 2. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGA ORGANIZATION DEBTOR DEBTOR	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 5104 Shamrock Dr 2. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 5104 Shamrock Dr 3. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT	STATE POSTAL CODE AL 35080 TION 7g. ORGANIZATIONAL ID #, if an	COUNTRY US
75. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR . AMENDMENT (COLLATERAL CHANGE): check only one be Describe collateral deleted or added, or give entire re	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZAT fox. estated collateral description, or describe collateral	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assigned.	COUNTRY US
The individual's last name c. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAT ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one be describe collateral deleted or added, or give entire recommendation of the collateral deleted or added recommendation of the collateral deleted or added recommendation of the collateral recommendation of the collateral deleted recommendation of the collateral recommendation of the co	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZATION. Oox. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assigned. assigned.	COUNTRY US
NAME OF SECURED PARTY OF RECORD AUTHORIZII adds collateral or adds the authorizing Debtor, or if this is a Termina	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZATION. Oox. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assigned. assigned.	COUNTRY US
NAME OF SECURED PARTY OF RECORD AUTHORIZII adds collateral or adds the authorizing Debtor, or if this is a Termina 9a. ORGANIZATION'S NAME	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZATION. Oox. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assigned. assigned.	COUNTRY US
The individual's Last Name The individual's Last Name The individual's Last Name The individual's Last Name The individual indiv	ANIZATION 7f. JURISDICTION OF ORGANIZATION. OX. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is ation authorized by a Debtor, check here and enter	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assignment assignment authorization assignment authorization authorizati	COUNTRY US NON
The individual's Last Name C. MAILING ADDRESS 5104 Shamrock Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR Describe collateral deleted or added, or give entire results of the collateral or adds the authorizing Debtor, or if this is a Termina 9a. ORGANIZATION'S NAME Alabama Power Company	CITY Helena ANIZATION 7f. JURISDICTION OF ORGANIZATION. Oox. estated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080 FION 7g. ORGANIZATIONAL ID #, if an assigned. assigned.	COUNTRY US



Shelby Cnty Judge of Probate, AL 04/28/2014 03:29:46 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130715000286190

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

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY