|                 | C FINANCING STATEMENT AMENDME! LOW INSTRUCTIONS (front and back) CAREFULLY  | NT  |                                       |  |   |
|-----------------|---|---|---------------------------------------|--|---|
|                 | VAME & PHONE OF CONTACT AT FILER [optional]   |   |                                       |  |   |
|                 | ene Armstrong 226.1402  |   |                                       |  |   |
|                 | SEND ACKNOWLEDGMENT TO: (Name and Address)  | ······································  |                                       |  |   |
|                 | <b>(****************************</b>  |   |                                       |  |   |
|                 |   |   |                                       |  |   |
|                 | Alabama Power Company   |   |                                       |  |   |
|                 | 600 18th St N   |   | 20                                    | 14073000002353   | 320 1/2 \$.00                           |
|                 | Birmingham, AL 35203  |   | She<br>ดิว                            | elby Chty Jud<br>/30/2014 02:4   | ge of Probate, AL<br>19:54 PM FILED/CER |
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| <b>18.</b> (    | VITIAL FINANCING STATEMENT FILE # 2020070925000449370-s1  | helby co  | 1b. Ti                                | his FINANCING ST   | ATEMENT AMENDMENT is                    |
|                 |   |   | li i R                                | EAL ESTATE REC   | (or recorded) in the ORDS.              |
| <u>.</u>        | TERMINATION: Effectiveness of the Financing Statement identified above  | is terminated with respect to security interest(  | (s) of the Secured P                  | arty authorizing this  | Termination Statement.                  |
| 3.              | CONTINUATION: Effectiveness of the Financing Statement identified ab  | ove with respect to security interest(s) of the   | Secured Party aut                     | horizing this Contir   | uation Statement is                     |
|                 | continued for the additional period provided by applicable law.   |   |                                       |  |   |
| <b>!</b> .      | ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and  | address of assignee in item 7c; and also give   | name of assignor i                    | n item 9.  |   |
|                 |   | ebtor or Secured Party of record. Chec  | ck only <u>one</u> of these           | two boxes.   |   |
|                 | so check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in  | items 6 and/or 7.   |                                       |  |   |
|                 | 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   | so give new  DELETE name: Give red to be deleted in item 6a   | cord name                             | DD name: Comple  | te item 7a or 7b, and also              |
| ). C            | URRENT RECORD INFORMATION:  | THE REPORT OF THE PARTY OF THE | or ob.                                | em /c; also comple   | te items 7d-7g (if applicable           |
|                 | 6a. ORGANIZATION'S NAME   | <del></del>   | · · · · · · · · · · · · · · · · · · · | <del> </del>   |   |
| ,_              |   |   |                                       |  |   |
| ןאנ             | 6b. INDIVIDUAL'S LAST NAME  | FIRST NAME  | MIDDLE                                | MIDDLE NAME  |   |
|                 | Raffield  | Joesph  | Warr                                  | en   | SUFFIX                                  |
|                 |   |   | 111                                   | <b></b>  |   |
| · C             | HANGED (NEW) OR ADDED INFORMATION:  |   |                                       | ····   |   |
| _               | HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  |   |                                       | ······································                                   |   |
|                 | 7a. ORGANIZATION'S NAME   |   |                                       | ······································                                   |   |
|                 | 7a. ORGANIZATION'S NAME   | FIRST NAME  |                                       | * NIAAAE   |   |
| DR.             | 7a. ORGANIZATION'S NAME<br>7b. INDIVIDUAL'S LAST NAME   | FIRST NAME Rehekah  | MIDDLE                                |  | SUFFIX                                  |
| DR              | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Raffield   | Rebekah   | Tran                                  | mell   |   |
| DR<br>c. M      | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS  | Rebekah   | Tran                                  | mell<br>POSTAL CODE  | COUNTRY                                 |
| o. M            | 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS 0 6th St SW  | Rebekah CITY Alabaster  | Transtate AL                          | POSTAL CODE 35007  | COUNTRY                                 |
| o. M            | 76. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS 0 6th St SW AX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION ORGANIZATION  | Rebekah   | Transtate AL                          | mell<br>POSTAL CODE  | COUNTRY                                 |
| c. M            | 76. ORGANIZATION'S NAME  76. INDIVIDUAL'S LAST NAME  Raffield  AILING ADDRESS  0 6th St SW  AX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  | Rebekah CITY Alabaster  | Transtate AL                          | POSTAL CODE 35007  | COUNTRY<br>US<br>#, if any              |
| c. M            | 76. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS 0 6th St SW AX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   MENDMENT (COLLATERAL CHANGE): check only one box.   | Rebekah CITY Alabaster 7f. JURISDICTION OF ORGANIZATION   | Trans STATE AL 7g. ORG                | POSTAL CODE 35007  | COUNTRY                                 |
| c. M            | 76. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS 0 6th St SW AX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   MENDMENT (COLLATERAL CHANGE): check only one box.   | Rebekah CITY Alabaster 7f. JURISDICTION OF ORGANIZATION   | Trans STATE AL 7g. ORG                | POSTAL CODE 35007  | COUNTRY<br>US<br>#, if any              |
| c. M            | 76. ORGANIZATION'S NAME  76. INDIVIDUAL'S LAST NAME  Raffield  AILING ADDRESS  0 6th St SW  AX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  | Rebekah CITY Alabaster 7f. JURISDICTION OF ORGANIZATION   | Trans STATE AL 7g. ORG                | POSTAL CODE 35007  | COUNTRY<br>US<br>#, if any              |
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| c. M            | 76. INDIVIDUAL'S LAST NAME Raffield AILING ADDRESS 0 6th St SW AX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   MENDMENT (COLLATERAL CHANGE): check only one box.   | Rebekah CITY Alabaster 7f. JURISDICTION OF ORGANIZATION   | Trans STATE AL 7g. ORG                | POSTAL CODE 35007  | COUNTRY<br>US<br>#, if any              |
| c. M<br>d. T    | 7a. ORGANIZATION'S NAME  Raffield  Alling Address  0 6th St SW  AX ID #: SSN OR EIN   ADD'L INFO RE   7a. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated collater   | Rebekah  CITY Alabaster  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as   | STATE AL 7g. ORG                      | POSTAL CODE 35007 SANIZATIONAL ID  | COUNTRY US #, if any                    |
| R A De          | Te. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S LAST NAME  Raffield  Alling ADDRESS  0 6th St SW  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated collater  ME of SECURED PARTY of RECORD AUTHORIZING THIS AME   | Rebekah  CITY Alabaster  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as  ENDMENT (name of assignor, if this is an Assignor).  | STATE AL 7g. ORG                      | POSTAL CODE 35007 SANIZATIONAL ID  | COUNTRY US #, if any                    |
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| R A De NA de 19 | Te. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S LAST NAME  Raffield  ALLING ADDRESS  O 6th St SW  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated collater  ME of SECURED PARTY OF RECORD AUTHORIZING THIS AME is collateral or adds the authorizing Debtor, or if this is a Termination authorized in ORGANIZATION'S NAME | Rebekah  CITY Alabaster  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as  ENDMENT (name of assignor, if this is an As  | STATE AL 7g. ORG                      | POSTAL CODE 35007 SANIZATIONAL ID an Amendment au                        | #, if any  thorized by a Debtor which   |
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| o A De NA ad 19 | To. INDIVIDUAL'S LAST NAME  Raffield  AILING ADDRESS  O 6th St SW  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated collater  ME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME is collateral or adds the authorizing Debtor, or if this is a Termination authorized in Organization's NAME  Alabama Power Company   | Rebekah  CITY Alabaster  7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as  as  ENDMENT (name of assignor, if this is an As by a Debtor, check here and enter name   | STATE AL 7g. ORG                      | POSTAL CODE 35007  SANIZATIONAL ID  an Amendment au  prizing this Amendm | #, if any Non                           |
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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) 2020070925000449370-shelby co 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

20140730000235320 2/2 \$.00 Shelby Cnty Judge of Probate, AL 07/30/2014 02:49:54 PM FILED/CERT

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY