

LLOW INSTRUCTIONS (front and back) CAREFULLY			
. NAME & PHONE OF CONTACT AT FILER [optional]			
elene Armstrong 205-226-1402	· · · · · · · · · · · · · · · · · · ·		
. SEND ACKNOWLEDGMENT TO: (Name and Address)		201407300003355	
Alabama Power Company		Shelby Cnty Judge of Prob	
600 18th St N		07/30/2014 02:50:16 PM FI	LED/CERT
Birmingham, AL 35203			,
			0E 0M V
	THE ABOVE	1b. This FINANCING STATEME	
. INITIAL FINANCING STATEMENT FILE # 20090408000130160		to be filed [for record] (or re	
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interest(s) o	REAL ESTATE RECORDS.  f the Secured Party authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identif			
continued for the additional period provided by applicable law.	Little IIII. Lopest to security interestion of the oc		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also give na	me of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects			
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	r 6b; also give new DELETE name: Give record		7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION:	change) in item 70. Lag to be deleted in item da or o	D. Rein 7C, also complete iten	is ru-ry (ii applicat
6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Shanahan	Billy	$\mathbf{W}$	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME IN ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
I. MAILING ADDKESS		AL 35124	US
	Pelham	AL  33144	100
66 Dickerson W		7g. ORGANIZATIONAL ID #, if an	
66 Dickerson W  I. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION			ny
66 Dickerson W  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR			
66 Dickerson W  I. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	ION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	
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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) 20090408000130160 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

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13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY