

UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	1ENT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Selene Armstrong 205-226-1402		20140808000246810 1/2 Shelby Cnty Judge of P	p.00 robate, AL
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		08/08/2014 10:56:13 AM	FILED/CERT
		08/08/2014 .0.	
Alabama Power Company			
600 18th St N			
Birmingham, AL 35203			
	THE ABO	VE SPACE IS FOR FILING OFFICE U	ISE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
20090292500036664	0	to be filed (for record) (or re	
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interest(s	REAL ESTATE RECORDS of the Secured Party authorizing this Termi	
. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law.	ied above with respect to security interest(s) of the	Secured Party authorizing this Continuation	Statement is
. 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 in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate informa	limid to the state of the state	July virus in the server.	
CHANGE name and/or address: Give current record name in item 6a or	r 6b; also give new	ord name	n 7a or 7b. and also
name (if name change) in item 7a or 7b and/or new address (if address	change) in item 7c to be deleted in item 6a or		ns 7d-7g (if applicabl
. CURRENT RECORD INFORMATION:		, , , , , , , , , , , , , , , , , , ,	······································
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Cwynar	Jeffrey	E	
. CHANGED (NEW) OR ADDED INFORMATION:		·	
7a. ORGANIZATION'S NAME			
ip L			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME Cwynar	FIRST NAME Dawn	MIDDLE NAME C	SUFFIX
76. INDIVIDUAL'S LAST NAME Cwynar		MIDDLE NAME C STATE POSTAL CODE	SUFFIX
Cwynar c. MAILING ADDRESS	Dawn	C STATE POSTAL CODE	COUNTRY
Cwynar C. MAILING ADDRESS 3316 Culloden Way	Dawn CITY Birmingham	C STATE POSTAL CODE AL 35242	COUNTRY
Cwynar C. MAILING ADDRESS 3316 Culloden Way	Dawn CITY Birmingham	C STATE POSTAL CODE	COUNTRY
Cwynar MAILING ADDRESS 3316 Culloden Way TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI	Dawn CITY Birmingham	C STATE POSTAL CODE AL 35242	COUNTRY US
Cwynar C. MAILING ADDRESS 3316 Culloden Way d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR DEBTOR	Dawn CITY Birmingham	C STATE POSTAL CODE AL 35242	COUNTRY
Cwynar C. MAILING ADDRESS 3316 Culloden Way d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	Dawn CITY Birmingham ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if a	COUNTRY US
Cwynar MAILING ADDRESS 3316 Culloden Way TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR	Dawn CITY Birmingham ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if a	COUNTRY US
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Cwynar C. MAILING ADDRESS 3316 Culloden Way S. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	Dawn CITY Birmingham ON 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral ass ass IIS AMENDMENT (name of assignor, if this is an Assertation)	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if a signed.	COUNTRY US ny No
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Cwynar C. MAILING ADDRESS 3316 Culloden Way S. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated restated. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE adds collateral or adds the authorizing Debtor, or if this is a Termination aut 9a. ORGANIZATION'S NAME Alabama Power Company	Dawn CITY Birmingham ON 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assistance and assignor, if this is an Asthorized by a Debtor, check here and enter name	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if a signed. ssignment). If this is an Amendment authorize of DEBTOR authorizing this Amendment.	COUNTRY US ny

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 200902925000366640

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

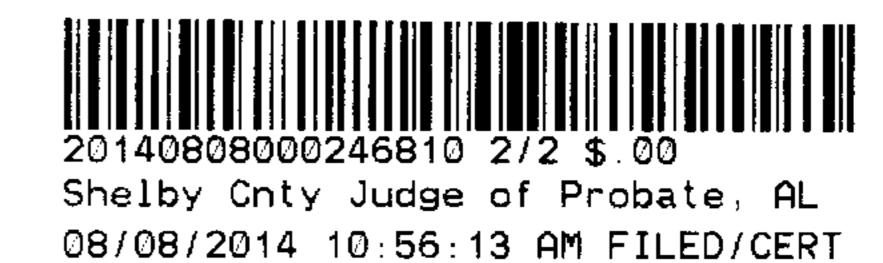
Alabama Power Company

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