ICC FINANCING STATEMENT AMENDMEN	T		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional] elene Armstrong 205-226-1402		140808000246840 1/2 \$.00 elby Cnty Judge of Proba	
SEND ACKNOWLEDGMENT TO: (Name and Address)		/08/2014 10·56:16 AM FIL	
Alabama Power Company			
600 18th St N			
Birmingham, AL 35203			
	THE ABOVE SP	ACE IS FOR FILING OFFICE US	<u> </u>
. INITIAL FINANCING STATEMENT FILE # 20090515000182760		1b. This FINANCING STATEMEN to be filed [for record] (or reco	
★ TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	REAL ESTATE RECORDS. Secured Party authorizing this Terminal	tion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above is			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in item 9.	
,	btor or Secured Party of record. Check only or	ne of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it		e	a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; 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 6b.	item 7c; also complete items	7d-7g (if applicable
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			<u> </u>
R	PARTOR ALABAT	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME Russell	FIRST NAME Christian	R	
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME		······································	<u></u>
			LOUEELY
R	{	AMBOLE MANE	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
76. INDIVIDUAL'S LAST NAME			COUNTRY
. MAILING ADDRESS	FIRST NAME CITY Pelham	MIDDLE NAME STATE POSTAL CODE AL 35124	<u> </u>
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY	STATE POSTAL CODE	COUNTRY
. MAILING ADDRESS 163 Hidden Creek Cove	CITY Pelham	STATE POSTAL CODE AL 35124	COUNTRY
76. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 163 Hidden Creek Cove 1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR	CITY Pelham	STATE POSTAL CODE AL 35124	COUNTRY
The individual's last name The individual 'name Th	CITY Pelham 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35124 7g. ORGANIZATIONAL ID #, if any	COUNTRY
76. INDIVIDUAL'S LAST NAME MAILING ADDRESS 163 Hidden Creek Cove I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR	CITY Pelham 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35124 7g. ORGANIZATIONAL ID #, if any	COUNTRY
MAILING ADDRESS 163 Hidden Creek Cove TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY Pelham 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35124 7g. ORGANIZATIONAL ID #, if any	COUNTRY
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The individual's last name The individual's last name The individual state in the individual state i	CITY Pelham 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned. ENDMENT (name of assignor, if this is an Assignment)	STATE POSTAL CODE AL 35124 7g. ORGANIZATIONAL ID #, if any ent). If this is an Amendment authorized	COUNTRY US
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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)

20090515000182760

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

20140808000246840 2/2 \$.00 Shelby Cnty Judge of Probate; AL 08/08/2014 10:56:16 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY