OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		201	20140822000265200 1/2 \$.00	
SEND ACKNOWLEDG	MENT TO: (Name and Address)	5ne	lby Cnty Judge of Probat 22/2014 02:29:04 PM FILE	Δ 0!
			THE PILE	D/CERT
P O BOX 129	POWER COMPANY			
ANNISTON,	AL 36202			
!				
<u></u>		THE ABOVE	S SBACE IS EAD EIL ING AFRIAG	
INITIAL FINANCING STAT	· · · · · · · · · · · · · · · · · · ·	INCADOVE	1b. This FINANCING STATE	MENT AMENDMEN
A TODA ASSISSION OF THE	20120711000246470		REAL ESTATE RECORD	DS.
	ectiveness of the Financing Statement identified above			
continued for the additi	ffectiveness of the Financing Statement identified a onal period provided by applicable law.	above with respect to security interest(s) of the Se	scured Party authorizing this Continuate	on Statement is
ASSIGNMENT (full o	r partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give na	me of assignor in item 9.	,
	Earth 1	Debtor or Secured Party of record. Check of	only one of these two boxes.	
CHANGE name and/or	address: Give current record name in item 6a or 6b;	also sive pays. Em DELETE pages. Company	name ADD name: Complete it	om 7a or 7h, and ol
name (if name change) CURRENT RECORD INF	in item 7a or 7b and/or new address (if address char	nge) in item 7c. Lobe deleted in item 6a or 6	b. item 7c; also complete it	ems 7d-7g (if applic
6a. ORGANIZATION'S N				· ····
C 1400 400 400				
6b. INDIVIDUAL'S LAST NAME BAKER		FIRST NAME	MIDDLE NAME	SUFFIX
BAKER		{ ' Δ }		i
	DDED INFORMATION:	CHAD	C	
		CHAD	C	
CHANGED (NEW) OR ALTA	AME	CHAD	C	
CHANGED (NEW) OR AD	AME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S N	AME	FIRST NAME	MIDDLE NAME	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS	NAME		MIDDLE NAME STATE POSTAL CODE	COUNTR
CHANGED (NEW) OR ALTON'S NOT ALL TO ALL THE MAILING ADDRESS 39655 HIGHWAY	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME CITY HARPERSVILLE	MIDDLE NAME STATE POSTAL CODE	COUNT
CHANGED (NEW) OR AD 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS 39655 HIGHWA' TAX ID #: SSN OR EIN	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME CITY HARPERSVILLE	MIDDLE NAME STATE POSTAL CODE AL 35078	COUNTRUSA
CHANGED (NEW) OR ADDRESS MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLLA	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR ALL 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS 39655 HIGHWA' TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collatera) dela	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR AD TO	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTI
CHANGED (NEW) OR AD TO	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR AD Ta. ORGANIZATION'S NOTES AND ADDRESS AND SEN OR EIN AMENDMENT (COLLA Describe collateral dela dela 4TWB3024C1000	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTI
CHANGED (NEW) OR AD TO	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTI
CHANGED (NEW) OR AD TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR AD TO TO THE TOTAL TO THE STATE OF THE TOTAL TO THE TOTAL TOT	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR AD TO TO THE TOTAL TO THE STATE OF THE TOTAL TO THE TOTAL TOT	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR AD TO TO THE TOTAL TO THE STATE OF THE TOTAL TO THE TOTAL TOT	NAME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla	CITY HARPERSVILLE 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, ii	COUNTRUSA
CHANGED (NEW) OR ALTONIS NOT ALTONIS NOT ALL TO ALL	AME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla DAA S# 1225135F4F AA S#122613T5AV	FIRST NAME CITY HARPERSVILLE 7f. JURISDICTION OF ORGANIZATION atteral description, or describe collateral assignment and assignment and assignment and assignment at the collateral assignment and as	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, if	COUNTE
CHANGED (NEW) OR ALL 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS 39655 HIGHWAY TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dela 4TWB3024C1000 GAF2A0A24S21S NAME OF SECURED In adds collateral or adds the a	AME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated colla DAA S# 1225135F4F AA S#122613T5AV PARTY OF RECORD AUTHORIZING THIS A suthorizing Debtor, or if this is a Termination authorized.	FIRST NAME CITY HARPERSVILLE 7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral assignment assignment of assignme	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, if	any Orized by a Debtor w
CHANGED (NEW) OR ALL 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST MAILING ADDRESS 39655 HIGHWA' TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral	AME Y 25 N ADD'L INFO RE Te. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. Pleted or added, or give entire restated colla DAA S# 1225135F4F AAA S#122613T5AV PARTY OF RECORD AUTHORIZING THIS A suthorizing Debtor, or if this is a Termination authorizing Debtor.	FIRST NAME CITY HARPERSVILLE 7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral assignment assignment of assignme	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, if	any Countrius A
CHANGED (NEW) OR ALL 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST MAILING ADDRESS 39655 HIGHWA' TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dela 14TWB3024C1000 GAF2A0A24S21S NAME OF SECURED adds collateral or adds the a 9a. ORGANIZATION'S NA	AME Y 25 N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eled or added, or give entire restated collar organization organization organization of the second second added and second organization organization or if this is a Termination authorization of the second organization or if this is a Termination authorization of the second organization or if this is a Termination authorization or if this is a Termination or if the second organization or if this is a Termination authorization or if the second organization or if this is a Termination authorization or if the second organization or if this is a Termination authorization or if the second organization organization or if the second organization	FIRST NAME CITY HARPERSVILLE 7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral assignment assignment of assignme	STATE POSTAL CODE AL 35078 7g. ORGANIZATIONAL ID #, if	any Orized by a Debtor w

UCC FINANCING STATEMENT AMENDMENT ADDENDUM |

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120711000246470

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

12a. ORGANIZATION'S NAME

ALABAMA POWER COMPANY

12b. INDIVIDUAL'S LAST NAME FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

20140822000265200 2/2 \$ 00

Shelby Cnty Judge of Probate, AL 08/22/2014 02:29:04 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY