

NAME & PHONE OF CONTACT	nd back) CAREFULLY ΓΑΤ FILER [optional]					
elene Armstrong 205-226	6-1402					
SEND ACKNOWLEDGMENT TO	O: (Name and Address)					
<u></u>						
Alabama Power Con	nnany		***************************************			
600 18th St N	11Pully					
Birmingham, AL 35	203	20	14090800028	1530 1 udae 0	f Probate, AL	
		Sh ac	elby Chty 0 1/08/2014 02	: 06 : 47	f Probate, AL PM FILED/CERT	
		v s	,,00,			
		TH	E ABOVE SPAC	CE IS FO	R FILING OFFICE U	SE ONLY
NITIAL FINANCING STATEMENT F	1LE# 20110324000093820				s FINANCING STATEME e filed [for record] (or re	
				RE/	AL ESTATE RECORDS.	
	of the Financing Statement identified above					
CONTINUATION: Effectivene continued for the additional perio	ess of the Financing Statement identified about the provided by applicable law.	ove with respect to security interest(s) of the Secured P	Party author	orizing this Continuation	Statement is
ASSIGNMENT (full or partial):	Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and al	lso give name of a	ssignor in	item 9.	
		ebtor or Secured Party of record				
	boxes and provide appropriate information in	la-mal	ornj <u>vijv</u>	J, 100G (
CHANGE name and/or address: (Give current record name in item 6a or 6b; all or 7b and/or new address (if address change)	lso give new DELETE name: (_	AD	D name: Complete item	7a or 7b, and al
CURRENT RECORD INFORMATI		e) in item 7c to be deleted in it	em oa or 6b.	ite	m 7c; also complete item	s /d-7g (if appli
6a. ORGANIZATION'S NAME				·		
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		
Salter		James				
CHANGED (NEW) OR ADDED INF	FORMATION:					
7a. ORGANIZATION'S NAME			<u> </u>			
					NAME	Touren
7b. INDIVIDUAL'S LAST NAME	——————————————————————————————————————	FIRST NAME	<u></u>	MIDDLE	INAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE		SUFFIX
		FIRST NAME CITY		MIDDLE	POSTAL CODE	
MAILING ADDRESS					· · · · · · · · · · · · · · · · · · ·	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAXID#: SSN OR EIN ADD'L II	NFO RE 7e. TYPE OF ORGANIZATION	CITY		STATE AL	POSTAL CODE	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAXID#: SSN OR EIN ADD'L II	IZATION	CITY Montevallo		STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	IZATION R	CITY Montevallo		STATE AL	POSTAL CODE 35115	COUNTR
MENDMENT (COLLATERAL C	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	IZATION R	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTF
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MENDMENT (COLLATERAL C	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTF
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTF
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA	TION	STATE AL	POSTAL CODE 35115	COUNTR
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR AMENDMENT (COLLATERAL Or escribe collateral deleted or escribe collateral	CHANGE): check only one box. added, or give entire restated collate	Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral	assigned.	STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if an	US
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR AMENDMENT (COLLATERAL Collected or Collateral Collateral Collected or Collateral Collateral Collected or Collateral Collected or Collateral Collected Or Collateral Collateral Collateral Collected Or Collateral Collat	CHANGE): check only one box. added, or give entire restated collate. OF RECORD AUTHORIZING THIS AM	CITY Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral MENDMENT (name of assignor, if this	assigned.	AL 7g. ORG	ANIZATIONAL ID #, if an	COUNTRUS
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR AMENDMENT (COLLATERAL C escribe collateral deleted or added the authorizing)	R CHANGE): check only <u>one</u> box.	CITY Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral MENDMENT (name of assignor, if this	assigned.	AL 7g. ORG	ANIZATIONAL ID #, if an	COUNTE
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR MENDMENT (COLLATERAL OF SECURED PARTY OF SE	CHANGE): check only one box. added, or give entire restated collate OF RECORD AUTHORIZING THIS AN Debtor, or if this is a Termination authorized	CITY Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral MENDMENT (name of assignor, if this	assigned.	AL 7g. ORG	ANIZATIONAL ID #, if an	COUNTE
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L II ORGAN DEBTOR AMENDMENT (COLLATERAL Collateral deleted or deleted or deleted or deleted or deleted or deleted collateral or adds the authorizing ga. ORGANIZATION'S NAME Alabama Power Compa	CHANGE): check only one box. added, or give entire restated collate OF RECORD AUTHORIZING THIS AN Debtor, or if this is a Termination authorized	CITY Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral MENDMENT (name of assignor, if this	assigned.	AL 7g. ORG	ANIZATIONAL ID #, if an	US
MAILING ADDRESS 205 Hickory Tree Lane TAX ID #: SSN OR EIN ADD'L IT ORGAN DEBTOR AMENDMENT (COLLATERAL OF SECURED PARTY of Secribe collateral and deleted or adds the authorizing pa. ORGANIZATION'S NAME Alabama Power Compa	CHANGE): check only one box. added, or give entire restated collate OF RECORD AUTHORIZING THIS AN Debtor, or if this is a Termination authorized	CITY Montevallo 7f. JURISDICTION OF ORGANIZA eral description, or describe collateral MENDMENT (name of assignor, if this	assigned. is an Assignment). er name of DEBTO	AL 7g. ORG	an Amendment authorize izing this Amendment.	COUNTRUS

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110324000093820 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

20140908000281530 2/2 \$ 00

Shelby Cnty Judge of Probate, AL 09/08/2014 02:06:47 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY