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A. NAME & PHONE OF CONTACT AT FILER [optional] Selene Armstrong 205-226-1402				
Selene Armstrong 205-226-1402				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
		20140925000300720 1/2 \$.00 Shelby Cnty Judge of Probat	e, AL	
Alabama Power Company		09/25/2014 10:54:32 AM FILE	D/CERT	
600 18th St N				
Birmingham, AL 35203				
•				
	THE	ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY	
a. INITIAL FINANCING STATEMENT FILE # 20090701000252810		1b. This FINANCING STATEM to be filed [for record] (or record) REAL ESTATE RECORDS	ecorded) in the	
. X TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security inte		_	
. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.				
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also	give name of assignor in item 9.		
		Check only one of these two boxes.		
Also check one of the following three boxes and provide appropriate information		, <u></u>		
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name: Given to be deleted in item		7a or 7b, and also	
. CURRENT RECORD INFORMATION:	igo) in Rom 70. La to be defeted in item	item 7c; also complete item	ns /u-/g (ii applicable	
6a. ORGANIZATION'S NAME			TWTM	
R C INCOMPLIANCE A CONTINUE OF THE CONTINUE OF				
60. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
Cather	James	P		
. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	LOUETIV	
	T II SO F IVAIVIE	INITOLE NAME	SUFFIX	
: MAILING ADDRESS	CITY	CTATE IDOCTAL CODE	COLUMN	
8 Pinehurst Green	Birmingham	AL 35242	COUNTRY	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATI		US	
ORGANIZATION DEBTOR	THE STATE OF THE PARTY OF THE P	rg. ONGANIZATIONAL 10 #, II al	1y	
			NON	
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collaterated.				
Describe conateraldeleted oradded, or give entirerestated colla	teral description, or describe collateral	assigned.		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A				

FIRST NAME

MIDDLE NAME

SUFFIX

Alabama Power Company
OR 9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM I

FOLLOW INSTRUCTIONS (front and ba	ack) CAREFULLY					
11. INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Ame	ndment form)				
20090701000252810						
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)				
Alabama Power Company						
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				

20140925000300720 2/2 \$.00 Shelby Cnty Judge of Probate, AL

09/25/2014 10:54:32 AM FILED/CERT

13. Use this space for additional information

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