

NAME & PHONE OF CONTACT AT EURO (************************************						
NAME & PHONE OF CONTACT AT FILER [optional]						
elene Armstrong 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)						
The Activo McEbGMENT TO: (Maine and Address)		Sh	14092500 ≥lby Cnt	0300790 1/2 \$.00 y Judge of Proba	ta Ol	
		09	/25/2014	10:54:39 AM FILI	ED/CERT	
Alabama Power Company						
600 18th St N						
Birmingham, AL 35203						
1		THE ABOVE S	PACE IS F	OR FILING OFFICE U	SF ONLY	
INITIAL FINANCING STATEMENT FILE #	(0.00		1b. T	nis FINANCING STATEME	NT AMENDM	
2010102900036	52620			be filed [for record] (or re EAL ESTATE RECORDS.	corded) in the	}
★ TERMINATION: Effectiveness of the Financing Statement id	dentified above is terminated with	respect to security interest(s) of the			nation Stateme	ent.
CONTINUATION: Effectiveness of the Financing Statemer	nt identified above with respect t	to security interest(s) of the Secu	red Party aut	thorizing this Continuation	Statement is	
continued for the additional period provided by applicable law						
ASSIGNMENT (full or partial): Give name of assignee in iter		nee in item 7c; and also give name	of assignor	n item 9.		
AMENDMENT (PARTY INFORMATION): This Amendment		cured Party of record. Check only	one of these	e two boxes.		
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in ite			Name of the last o			
name (if name change) in item 7a or 7b and/or new address (if a	address change) in item 7c.	DELETE name: Give record na to be deleted in item 6a or 6b.		ADD name: Complete item tem 7c; also complete item	7a or 7b, and s 7d-7g (if app	i also plicat
CURRENT RECORD INFORMATION:	······································					
6a. ORGANIZATION'S NAME						
6b. INDIVIDUAL'S LAST NAME	TEIDST NAME	· ·	LAUDDLE	- NIANATT	1	
Goode	Percy	Percy		ENAME	SUFFIX	Х
CHANGED (NEW) OR ADDED INFORMATION:	10109		ı.			
7a. ORGANIZATION'S NAME					······································	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	····	MIDDLE NAME		SUFFI	ıx
	CITY		STATE	POSTAL CODE	COUN	ITRY
MAILING ADDRESS	[AL	35124		
MAILING ADDRESS 434 Cambrian Ridge Trl	Pelham			· · · · · · · ·	IUS	
434 Cambrian Ridge Trl TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGA		TION OF ORGANIZATION	7g. OR	 GANIZATIONAL ID #, if an	US	
434 Cambrian Ridge Trl		TION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if an		

FIRST NAME

MIDDLE NAME

SUFFIX

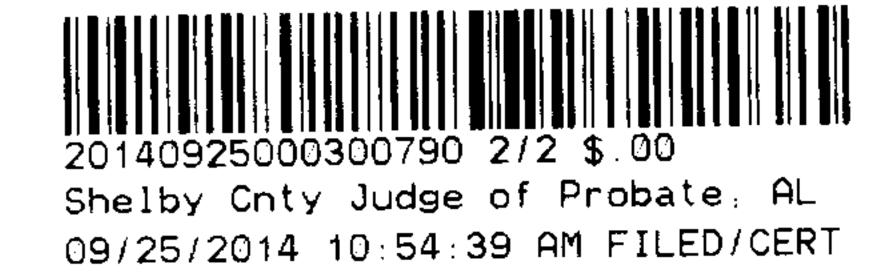
Alabama Power Company

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

-	CIMANIONICOLALEN					
OL	LOW INSTRUCTIONS (front and bac	k) CAREFULLY				
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Am	endment form)			
	20101029000362620					
12.	NAME OF PARTY AUTHORIZING T	HIS 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			
	I	1	F :			



13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY