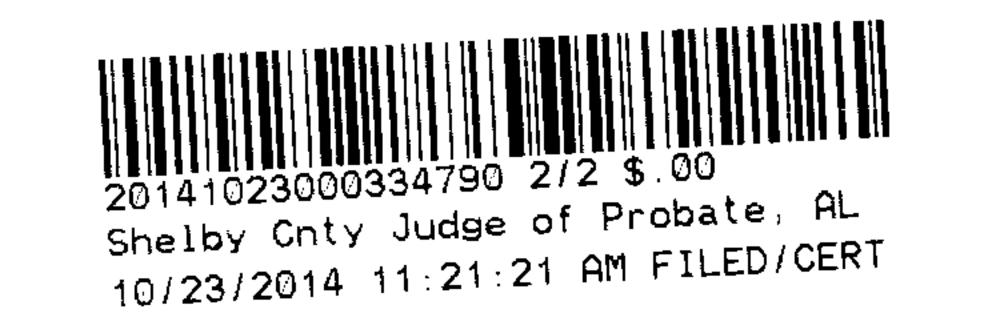


		ENTAMENDMEN				a e 1 212
FOLLOW INSTRUCTIONS (fr						
A. NAME & PHONE OF CON						
Selene Armstrong 205  B. SEND ACKNOWLEDGME			2014	1023000	334790 1/2 \$ 00 y Judge of Probate,	AL
B. SEND ACKNOVLEDGIVIE	vi io. (ivaili	e and Address)	Shel	by Univ	11:21:21 AM FILED/	CERT
			10/2	372017		
Alabama Power	Company					
600 18th St N						
Birmingham, Al	L 35203					
				AE 10 E0		NIE V
4 - AUTIAL EINIANGUNO OTATENA			THE ABOVE SPA		S FINANCING STATEMENT A	
1a. INITIAL FINANCING STATEM		to b	e filed [for record] (or recorded			
2 KZ TEDMINIATIONI, Essenti	reces of the Cir	anaina Statement identified above is	terminated with respect to security interest(s) of the S		AL ESTATE RECORDS.	Statement
			terminated with respect to security interest(s) of the S			
3. CONTINUATION: Effect continued for the additional			e with respect to security interest(s) of the Secured	Party auth	orizing this Continuation State	ment is
					itom O	
			ddress of assignee in item 7c; and also give name of			
5. AMENDMENT (PARTY IN		´ <b></b>	tor or Secured Party of record. Check only on	e of these	two boxes.	
		I provide appropriate information in ite		. <b>Γ'''''Ι</b> Δ1	DD name: Complete item 7a or	r 7h and also
name (if name change) in it	em 7a or 7b and	ent record name in item 6a or 6b; also d/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.		m 7c; also complete items 7d-	
6. CURRENT RECORD INFOR						
6a. ORGANIZATION'S NAM	E					
OB			· · · · · · · · · · · · · · · · · · ·	<b>1</b>		T +
6b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
Sharman			Samuel	T		
7. CHANGED (NEW) OR ADDI	ED INFORMAT	ION:				
7a. ORGANIZATION'S NAM	E					
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
Sharman			Mary	Crater		
7c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
212 Ammersee Lakes Dr		Montvallo	AL	35115	US	
	DD'L INFO RE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	
<b>!</b> "	DRGANIZATION DEBTOR	· 1				Пм
		E): chock only one box				
8. AMENDMENT (COLLATE		•	l de esciption de donoribo colleteral l'aggiopod			
Describe collateral delete	d or <u>added</u> ,	or give entire restated collatera	l description, or describe collateral assigned.			
					•	
				-		
			ENDMENT (name of assignor, if this is an Assignment of DER			a Debtor whi
		or it this is a Termination authorized	by a Debtor, check here and enter name of DEB	IUK auth	onzing inis Amendment.	·····
9a. ORGANIZATION'S NAM						
Alabama Power C	ompany			•		•
9b. INDIVIDUAL'S LAST NA	ME		FIRST NAME	MIDDLE	NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20100407000105780 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



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY