CC FINANCING STATEMENT AMENDMENT DLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Selene Armstrong 205-226-1402 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	NT	20141023000334930 1	I Li Operia
Alabama Power Company 600 18th St N Birmingham, AL 35203		Shelby Chty Judge 5 10/23/2014 11:21:35	AM FILED/CERT
	THE ABOVE	SPACE IS FOR FILING OFFICE U	JSE ONLY
a. INITIAL FINANCING STATEMENT FILE # $20120614000211000~\&~2$	2007025000347420	1b. This FINANCING STATEM to be filed [for record] (or re	ecorded) in the
. X TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) o	REAL ESTATE RECORDS of the Secured Party authorizing this Term	
. CONTINUATION: Effectiveness of the Financing Statement identified ab	· · · · · · · · · · · · · · · · · · ·		
continued for the additional period provided by applicable law.		man of annique as in itams O	······································
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and . AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate information in		nity <u>Que</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)			n 7a or 7b, and also
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
PR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Coleman	Diana	Anita	
. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>
7a. ORGANIZATION'S NAME			
)R	FIRST NAME	······································	SUFFIX
17b. INDIVIDUAL'S LAST NAME	- · · · · · · · · · · · · · · · · · · ·	IMIDDLE NAME	IOUFFIA
7b. INDIVIDUAL'S LAST NAME		MIDDLE NAME	SOFFIX
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY	MIDDLE NAME STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME	CITY Montevallo		
c. MAILING ADDRESS		STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS 50 Dana Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	Montevallo	STATE POSTAL CODE AL 35115	COUNTRY US
c. MAILING ADDRESS 50 Dana Dr d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 6. AMENDMENT (COLLATERAL CHANGE): check only one box.	Montevallo 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if a	COUNTRY
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120614000211000 & 2007025000347420 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

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