			(5)				
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	G STATEMENT AMENC	MENT			ا ن د.		
	NS (front and back) CAREFULLY CONTACT AT FILER [optional]						
Selene Armstrong	205-226-1402						
B. SEND ACKNOWLED	GMENT TO: (Name and Address)					00401410 1/2 \$.00 ty Judge of Probat	
						4 12:25:46 PM FILE	
Alabama Po	wer Company			`			
600 18th St							
Birminghan	i, AL 35203						
				THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
a. INITIAL FINANCING ST	ATEMENT FILE # 2011101300030514	4 0			1b. Thi	s FINANCING STATEMENT	AMENDMENT is
					RE	pe filed [for record] (or record AL ESTATE RECORDS.	
	Iffectiveness of the Financing Statement identif		····			·"	
continued for the add	Effectiveness of the Financing Statement ide sitional period provided by applicable law.	entified above	with respect to security	interest(s) of the Secured	Party auth	orizing this Continuation Sta	tement is
. ASSIGNMENT (fu	l or partial): Give name of assignee in item 7a	or 7b and add	tress of assignee in item	7c; and also give name of a	assignor in	item 9.	<u></u>
	TY INFORMATION): This Amendment affect			y of record. Check only on			`` .
	owing three boxes and provide appropriate info						
CHANGE name and/oname (if name change)	or address: Give current record name in item 6a e) in item 7a or 7b and/or new address (if addre	a or 6b; also gi ess change) in		E name: Give record name leleted in item 6a or 6b.		OD name: Complete item 7a m 7c; also complete items 7c	or 7b, and also d-7g (if applicabl
CURRENT RECORD							
6a. ORGANIZATION'S	NAME						
OR 6b. INDIVIDUAL'S LAST NAME			TEIDOT MANE TOUREDA				
Younghahi			Gretchen		MIDDLE NAME SUFFIX		SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			Orctonon -		A		
7a. ORGANIZATION'S		······································	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
7b. INDIVIDUAL'S LAST NAME		Ĭ	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
Griffin			Susan		J		
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
151 Old Brook P			Birmingham	······································	AL	35242	US
d. TAX ID #: SSN OR EII	N ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ATION	7f. JURISDICTION OF C	ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	DEBTOR						NON
	.ATERAL CHANGE): check only <u>one</u> box. eleted or added, or give entire restat						
Describe conateral	eleted or added, or give entire restat	ted collateral d	description, or describe	collateralassigned.			
				··			
. NAME OF SECURED	PARTY of RECORD AUTHORIZING	THIS AMENI	DMENT (name of assig	gnor, if this is an Assignment	t). If this is	an Amendment authorized by	y a Debtor which
adds collateral or adds the	authorizing Debtor, or if this is a Termination	authorized by	a Debtor, check here	and enter name of DEBT	OR autho	rizing this Amendment.	
9a. ORGANIZATION'S Alabama Powe							
9b. INDIVIDUAL'S LAS			EIDCT MAAAC		MAIDDLE	NIA NACE	Ta
JOB. HADIVIDUAL S EAS			FIRST NAME		MIDDLE	NAME	SUFFIX
) OPTIONAL FILER REFER	PENCE DATA						



Shelby Cnty Judge of Probate: AL 12/22/2014 12:25:46 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

20111013000305140

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