				ORIGINAL			
CC FINANCIN		IENTAMENDME	NT		CL = 1 h	222000401430 1/2 9 Conty Judge of Pt /2014 12:25:48 PM	ropale: r
NAME & PHONE OF							
elene Armstrong		- · · · · · · · · · · · · · · · · · · ·					
SEND ACKNOWLED	GMENT TO: (Nan	me and Address)	· ;;; <u></u> -				
Alabama Po	wer Company	7		!			
600 18th St							
Birminghan	ı, AL 35203						
1							
INITIAL FINANCING ST	ATEMENT FILE #		.	THE ABOVE S		R FILING OFFICE USE	
		0100922000311920			r to t	s FINANCING STATEMENT re filed [for record] (or recor	
TERMINATION:	ffectiveness of the F	inancing Statement identified above	ve is terminated w	ith respect to security interest(s) of t		AL ESTATE RECORDS.	ion Statemen
				ct to security interest(s) of the Secu			
continued for the add	litional period provide	ed by applicable law.	bove with respec	or to security interest(s) or the Seco	red Party auti	onzing this Continuation Sta	atement is
ASSIGNMENT (fu	l or partial): Give na	rme of assignee in item 7a or 7b ar	nd address of ass	ignee in item 7c; and also give name	of assignor in	item 9	
				Secured Party of record. Check only			
		nd provide appropriate information			VIIO OI IIICGE	THO DOXES.	
☐ CHANGE name and/	or address: Give curre	rent record name in item 6a or 6b; and/or new address (if address chan	also give new	DELETE name: Give record n		D name: Complete item 7a	or 7b, and a
CURRENT RECORD I		id/or new address (ii address chan	ige) in item 7c.	to be deleted in item 6a or 6b.	ıte	m 7c; also complete items 7	d-7g (if appl
6a. ORGANIZATION'S	NAME	······································					·
6b. INDIVIDUAL'S LAST NAME			FIRST NAM	FIRST NAME		MIDDLE NAME SUFFIX	
Bates			Glenn	Glenn		Marshall	
CHANGED (NEW) OR	ADDED INFORMAT	TION:			····		<u> </u>
7a. ORGANIZATION'S	NAME						
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
Jackson			Evelynne		R		
. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNT
139 Narrows Cre			Birmin		AL	35242	US
TAX ID #: SSN OR EI	ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISD	ICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
······································	DEBTOR						
		E): check only one box.					
escribe collaterald	eleted oradded,	, or give entirerestated collat	teral description,	or describe collateral assigne	d.		
	_						
IAME OF SECURED	PARTY of REC	ORD AUTHORIZING THIS AI	MENDMENT (n	ame of assignor, if this is an Assignr	nent). If this is	an Amendment authorized b	oy a Debtor w
dos collateral or adds the	authorizing Debtor,	ORD AUTHORIZING THIS All or if this is a Termination authorize	MENDMENT (ned by a Debtor, ch	name of assignor, if this is an Assignr neck here and enter name of DI	nent). If this is EBTOR autho	an Amendment authorized brizing this Amendment.	oy a Debtor w
9a. ORGANIZATION'S	NAME	ORD AUTHORIZING THIS All or if this is a Termination authorize	MENDMENT (ned by a Debtor, ch	name of assignor, if this is an Assignment and enter name of DI	nent). If this is EBTOR autho	an Amendment authorized brizing this Amendment.	oy a Debtor w
NAME OF SECURED adds the seds collateral or adds the 9a. ORGANIZATION'S Alabama Power 9b. INDIVIDUAL'S LAST	NAME T Company	ORD AUTHORIZING THIS All or if this is a Termination authorize	MENDMENT (ned by a Debtor, ch	name of assignor, if this is an Assignr neck here and enter name of DI	nent). If this is EBTOR autho	an Amendment authorized brizing this Amendment.	y a Debtor w

SUFFIX

10. OPTIONAL FILER REFERENCE DATA



Shelby Cnty Judge of Probate, AL 12/22/2014 12:25:48 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) 20100922000311920 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company 12b. INDIVIDUAL'S LAST NAME MIDDLE NAME, SUFFIX FIRST NAME

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY