Walchi  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Walchi  MIDDLE NAME  SUFFIX  Anna  MILING ADDRESS  CITY  Alabaster  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any	NAME & PHONE OF CONelene Armstrong 205	NT TO: (Name and Address)  Company		Shelby C	000401480 1/2 \$. nty Judge of Pro 14 12:25:53 PM F	bate, AL
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in term 6a or 6b; also give new name of thame change) in tiem 7a or 7b and or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  PIRST NAME  CINDA  Anna  MIDDLE NAME  SUFFIX  Walchi  CHANGE ORGANIZATION'S NAME  Anna  MIDDLE NAME  SUFFIX  SUFFIX  Anna  MIDDLE NAME  SUFFIX  SUFFIX  Anna  Anna  MIDDLE NAME  SUFFIX  ORGANIZATION'S NAME  Anna  Anna  Anna  Anna  Anna  MIDDLE NAME  SUFFIX  ORGANIZATION TO THE TIER TO TH	. INITIAL FINANCING STATEN			1b. This	S FINANCING STATEMEN	IT AMENDMEN
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects	**************************************			RE	AL ESTATE RECORDS.	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debt		······································				
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new new (if name change) in item 7 aor 7 b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new new new (if name change) in item 7 aor 7 b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new new new new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new now new new new new new new new new new ne	continued for the additiona	al period provided by applicable law.				
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CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.    CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  Walchi  CHANGED (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  Walchi  Anna  MIDDLE NAME  SUFFIX  SUFFIX  ORGANIZATION'S NAME  CITY  Alabaster  TAXID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.				only <u>one</u> of these	two boxes.	
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6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  Walchi  Changed (New) or added information:  7a. Organization's name  Valchi  7b. Individual's Last name  Middle name  Suffix  FIRST NAME  Anna  Middle name  Suffix  Suffix  FIRST NAME  Anna  Middle name  Suffix  Suffix  Valchi  Anna  Middle name  Suffix  Anna  Middle name  Suffix  Anna  Middle name  Suffix  Valchi  Anna  Middle name  Suffix  Yellone  To state postal code counting  Alabaster  AL 35007  US  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any   DEBTOR			) in item 7c. to be deleted in item 6a or	6b. <u>ite</u>	m 7c; also complete items	7d-7g (if applic
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FIRST NAME

MIDDLE NAME

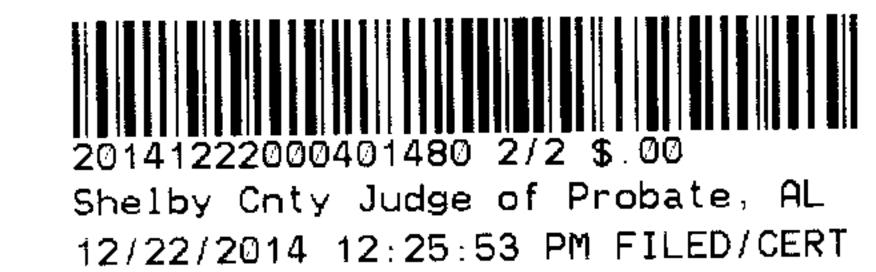
SUFFIX

Alabama Power Company

10. OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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MIDDLE NAME, SUFFIX



13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY