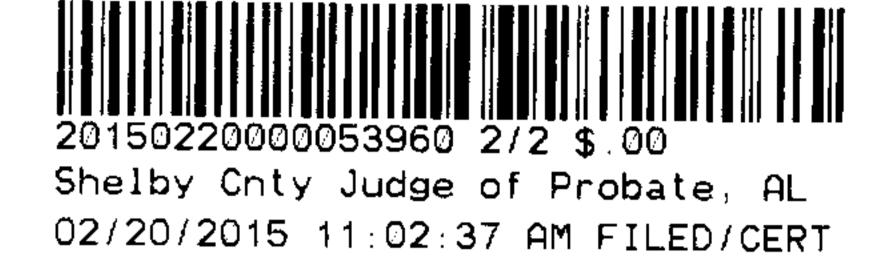
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A. NAME & PHONE OF CONTACT AT FILER [optional]				
Selene Armstrong 205-226-1402				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
		20150220000053960 1	/2 \$.00	
Alabama Power Company		Shelby Cnty Judge C	of Probate, AL	
600 18th St N		02/20/2015 11:02:37	HM FILED/CERT	
Birmingham, AL 35203				
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		THE ABOVE SPACE IS F		
INITIAL FINANCING STATEMENT FILE # 20121116000440500		to	his FINANCING STATEME be filed [for record] (or re EAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified about	ve is terminated with respect to sec	" "		nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security inte	rest(s) of the Secured Party au	thorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	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 thes	e two boxes.	
Also check one of the following three boxes and provide appropriate information				
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address cha	; also give new DELETE na new to be delete	me: Give record name d in item 6a or 6b.	ADD name: Complete item tem 7c; also complete item	7a or 7b, and also is 7d-7g (if applicab
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
Brooks-Harris	Karon			
CHANGED (NEW) OR ADDED INFORMATION:				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	······································		· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME				
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
Ð	FIRST NAME	MIDDL	ENAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME				
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS 209 Heath Dr . TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY Birmingham	STATE	POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS 209 Heath Dr	CITY Birmingham	STATE	POSTAL CODE 35242	COUNTRY US
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

=OLI	OLLOW INSTRUCTIONS (front and back) CAREFULLY					
11. 1	NITIAL FINANCING STATE	IENT FILE # (same as item 1a on Ame	endment form)			
	2012111600044	0500				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)						
	12a. ORGANIZATION'S NAME					
OB	Alabama Power Company					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
]			į			



13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY