

LOW INSTRUCTIONS (front and back) CAREFULLY	·····			
NAME & PHONE OF CONTACT AT FILER [optional]				
elene Armstrong 205-226-1402				
SEND ACKNOWLEDGMENT TO: (Name and Address)	20150 Chalb	2200000054000 1	of Probate, AL	
	02/20	/2015 11:02:4	AM FILED/CERT	
Alabama Power Company	02,20			
600 18th St N				
Birmingham, AL 35203				
	THE AB	OVE SPACE IS FO	R FILING OFFICE US	SE ONLY
INITIAL FINANCING STATEMENT FILE #			s FINANCING STATEME	
20091118000428510		1 L 1	e filed [for record] (or rec AL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interes	t(s) of the Secured Pa	rty authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a	bove with respect to security interest(s) of th	e Secured Party auth	orizing 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 an	nd address of assignee in item 7c; and also div	e name of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects				
Also check one of the following three boxes and provide appropriate information in	tour.	LOW OF THE SE		
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)		ecord name	DD_name: Complete item	7a or 7b, and al
	ge) in item 7c. Lobe deleted in item 6a	or 6bite	m 7c; also complete item	s 7d-7g (if applic
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
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CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE	NAME POSTAL CODE	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS				
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 30 Springbrook Ln	CITY	STATE	POSTAL CODE	COUNTR
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 60 Springbrook Ln TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY Montevallo	STATE	POSTAL CODE 35115	COUNTE
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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)

20091118000428510

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME

12a. ONGMINEMENTONO WILLIAM

Alabama Power Company

12b. INDIVIDUAL'S LAST NAME

13. Use this space for additional information

FIRST NAME

MIDDLE NAME, SUFFIX

20150220000054000 272 \$ 00

20150220000054000 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/20/2015 11:02:41 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY