

OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Selene Armstrong 205-226-1402	20150304	000067190 1/2 \$.00	
S. SEND ACKNOWLEDGMENT TO: (Name and Address)	Shelby C	nty Judge of Probate: AL 015 02:23:37 PM FILED/CERT	
	03/04/20	)15 02:23.37 111	
A Indiana Danisa Carananas			
Alabama Power Company			
600 18th St N Birmingham, AL 35203			
Diffillingham, AL 33203			
<u></u>	THE AE	BOVE SPACE IS FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEME	
20090810000305780		to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interes		nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified a			
continued for the additional period provided by applicable law.	above man respect to security interest(s) or t	ine ecoured i dity detriorizing this continued to	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and also g	ive name of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects  Also check one of the following three boxes and provide appropriate information		leck only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b;	also give new	record name	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address char	nge) in item 7cto be deleted in item 6	item 7c; also complete item	s 7d-7g (if applicab
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		······································	
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Smith	Clifton	Ţ	
		1_/	
CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME			
R INDIVIDUALIS LAST NAME	ICIDOT NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	T	JOCEIX
	I I IOTOINV	<b>!                                    </b>	
Smith	Dorothy		
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. MAILING ADDRESS 191 Railroad Ave	CITY Maylene	STATE POSTAL CODE AL 35114	US
: MAILING ADDRESS  191 Railroad Ave  1. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	CITY Maylene	STATE POSTAL CODE AL 35114	US
. MAILING ADDRESS 191 Railroad Ave	CITY Maylene	STATE POSTAL CODE AL 35114	US <sup>ny</sup>
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TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   organization   one box.	CITY Maylene  7f. JURISDICTION OF ORGANIZATIO  ateral description, or describe collateral  AMENDMENT (name of assignor, if this is a	STATE POSTAL CODE AL 35114  N 7g. ORGANIZATIONAL ID #, if an	US NO
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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

20090810000305780

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

20150304000067190 2/2 \$ 00

2015030400006/190 2/2 \$.00 Shelby Cnty Judge of Probate, AL 03/04/2015 02:23:37 PM FILED/CERT

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY