CC FINANCIN(STATEMENTAMENDME	ENT		
	(front and back) CAREFULLY			
. NAME & PHONE OF C	ONTACT AT FILER [optional]	201504	29000138820 1/2 \$ 00	
onya Tarbert 226.1	403	Shelby	Coty Judge of Proba	ate. Al
SEND ACKNOWLEDG	MENT TO: (Name and Address)	04/29/2	2015 09:26:23 AM FIL	-ED/CERT
Alabama Pow	er Company			
600 18th St N	4 7			
Birmingham,	AL 35203			
•				
		THE AB	OVE SPACE IS FOR FILIN	············
. INITIAL FINANCING STAT	EMENT FILE # 20040928000536760		to be filed [fo	ING STATEMENT AMENDME or record) (or recorded) in the TE RECORDS.
TERMINATION: Eff	ectiveness of the Financing Statement identified abo	ove is terminated with respect to security interes	st(s) of the Secured Party authori	izing this Termination Statemen
	Effectiveness of the Financing Statement identified	above with respect to security interest(s) of the	ne Secured Party authorizing thi	is Continuation Statement is
continued for the addit	ional 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 giv	ve name of assignor in item 9.	
AMENDMENT (PART)	INFORMATION): This Amendment affects	Debtor or Secured Party of record. Che	eck only <u>one</u> of these two boxes	ş.
	ـــــــــــــــــــــــــــــــــــــ			
CHANGE name and/or	address: Give current record name in item 6a or 6b	: also give new DELETE name: Give n	record name ADD name:	Complete item 7a or 7b, and
	in item 7a or 7b and/or new address (if address cha	ange) in item 7c to be deleted in item 6a	a or 6b. Litem 7c; also	o complete items 7d-7g (if appl
CURRENT RECORD INI				
Representation of the second s	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST Rasco	NAME		MIDDLE NAME	SUFFIX
Rasco		FIRST NAME Christopher	MIDDLE NAME	SUFFIX
Rasco CHANGED (NEW) OR A	DDED INFORMATION:		MIDDLE NAME	SUFFIX
Rasco	DDED INFORMATION:		MIDDLE NAME	SUFFIX
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N	DDED INFORMATION:	Christopher		
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N	DDED INFORMATION:	Christopher FIRST NAME	MIDDLE NAME	
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco	DDED INFORMATION:	Christopher FIRST NAME Crystal	MIDDLE NAME	SUFFIX
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS	DDED INFORMATION: IAME NAME	FIRST NAME Crystal CITY	MIDDLE NAME STATE POSTA	SUFFIX L CODE COUNT
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane	DDED INFORMATION: IAME NAME	FIRST NAME Crystal CITY Pelham	MIDDLE NAME STATE POSTA AL 3512	SUFFIX L CODE COUNT US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane	DDED INFORMATION: IAME NAME	FIRST NAME Crystal CITY Pelham	MIDDLE NAME STATE POSTA AL 3512	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME Crystal CITY Pelham	MIDDLE NAME STATE POSTA AL 3512	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME Crystal CITY Pelham	MIDDLE NAME STATE POSTA AL 3512	SUFFIX L CODE COUNT US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLA	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLA	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTA AL 3512 N 7g. ORGANIZATIO	SUFFIX L CODE COUNT 4 US
CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral del	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eted or added, or give entire restated col	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral	MIDDLE NAME STATE POSTA AL 3512 7g. ORGANIZATIO	SUFFIX AL CODE COUNT US ONAL ID #, if any
CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral del	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 100 more box.	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral AMENDMENT (name of assignor, if this is an	MIDDLE NAME STATE POSTA AL 3512 7g. ORGANIZATIO assigned.	SUFFIX AL CODE 4 ONAL ID #, if any Indiment authorized by a Debtor
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco . MAILING ADDRESS 104 Heather Lane . TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral definition of definition of definition and definition and definition and definition and definition of the definit	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eted or added, or give entire restated col	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral AMENDMENT (name of assignor, if this is an	MIDDLE NAME STATE POSTA AL 3512 7g. ORGANIZATIO assigned.	SUFFIX AL CODE 4 ONAL ID #, if any Indiment authorized by a Debtor
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST Rasco . MAILING ADDRESS 104 Heather Lane . TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral defendance) Describe collateral defendance NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Idead or added, or give entire restated collected or added, or give entire added restated collected or added add	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral AMENDMENT (name of assignor, if this is an	MIDDLE NAME STATE POSTA AL 3512 7g. ORGANIZATIO assigned.	SUFFIX AL CODE COUNT US ONAL ID #, if any
CHANGED (NEW) OR A 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral del Describe collateral del NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N Alabama Power	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Interest of letter of letter organization or give entire restated colors added, or give entire restated colors authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor.	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral AMENDMENT (name of assignor, if this is an inized by a Debtor, check here and enter name	STATE POSTA AL 3512 7g. ORGANIZATIO assignment). If this is an Amerime of DEBTOR authorizing this	ONAL ID #, if any Indoment authorized by a Debtor was Amendment.
Rasco CHANGED (NEW) OR A 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST Rasco MAILING ADDRESS 104 Heather Lane TAX ID #: SSN OR EIN AMENDMENT (COLLADescribe collateral dei MAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N Alabama Power	DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Interest of letter of letter organization or give entire restated colors added, or give entire restated colors authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor.	FIRST NAME Crystal CITY Pelham I 7f. JURISDICTION OF ORGANIZATION Clateral description, or describe collateral AMENDMENT (name of assignor, if this is an	MIDDLE NAME STATE POSTA AL 3512 7g. ORGANIZATIO assigned.	SUFFIX AL CODE COUNT US ONAL ID #, if any

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20040928000536760

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

Alabama Power Company

13. Use this space for additional information

Rasco

12b. INDIVIDUAL'S LAST NAME FIRST NAME

Christopher

NAME MIDDLE NAME, SUFFIX

20150429000138820 2/2 \$.00

20150429000138820 2/2 \$.00 Shelby Cnty Judge of Probate, AL 04/29/2015 09:26:23 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY