	(front and back) CAREFULLY					
Conya Tarbert 226.1	ONTACT AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
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Alabama Pow			04/29/2015 09:	26:33	AM FILED/CERT	
600 18th St N						
Birmingham,	AL 33203					
<u> </u>			THE ABOVE SPACE	E IS FO	R FILING OFFICE US	SE ONLY
. INITIAL FINANCING STAT			· · · · · · · · · · · · · · · · · · ·	1b. Thi	s FINANCING STATEME	NT AMENDMENT
	20070202000050500				pe filed [for record] (or rec AL ESTATE RECORDS.	orded) in the
TERMINATION: Effe	ectiveness of the Financing Statement identified above	is terminated with respect to sec	urity interest(s) of the Se	cured Pa	rty authorizing this Termin	ation Statement.
	ffectiveness of the Financing Statement identified abo	ove with respect to security inter	rest(s) of the Secured P	arty auth	orizing this Continuation	Statement is
continued for the additi	onal period provided by applicable law.					
ASSIGNMENT (full c	r partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c;	and also give name of as	ssignor in	item 9.	
AMENDMENT (PARTY	INFORMATION): This Amendment affects De	ebtor or Secured Party of	record. Check only one	of these	two boxes.	
	ring three boxes and provide appropriate information in					
CHANGE name and/or name (if name change)	address: Give current record name in item 6a or 6b; als in item 7a or 7b and/or new address (if address change	so give new DELETE na e) in item 7c. to be delete	me: Give record name ed in item 6a or 6b.		DD name: Complete item m 7c; also complete item:	
CURRENT RECORD INF	ORMATION:					
6a. ORGANIZATION'S N	AME					
>						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Dixon		Sam				
. CHANGED (NEW) OR A	DED INFORMATION:					
7a. ORGANIZATION'S N.	AME					
R						10115511
76. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Dixon		Peggy			.,	
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
87 Sams Pl		Shelby		Al	35143	US
I. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORG.	ANIZATION	7g. ORG	ANIZATIONAL ID #, if any	_
	DEBTOR					N
ANIENIONIENE /OOLLA	TERAL CHANGE): check only one box.					
AMENUMENT (COLLA		ral description or describe call	ateral assigned.			
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Describe collateral dele						
NAME OF SECURED	PARTY OF RECORD AUTHORIZING THIS AM	1ENDMENT (name of assignor,	, if this is an Assignment)			ed by a Debtor wh
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor, or if this is a Termination authorized	1ENDMENT (name of assignor,	, if this is an Assignment)			d by a Debtor wh
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorized	1ENDMENT (name of assignor,	, if this is an Assignment)			d by a Debtor wh
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorized AME Company	IENDMENT (name of assignor, i by a Debtor, check here ☐ ar	if this is an Assignment) and enter name of DEBT	OR autho	orizing this Amendment.	
NAME OF SECURED adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorized AME Company	1ENDMENT (name of assignor,	if this is an Assignment) and enter name of DEBT		orizing this Amendment.	d by a Debtor wh

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 2007020200005050500

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

Alabama Power Company

12b. INDIVIDUAL'S LAST NAME

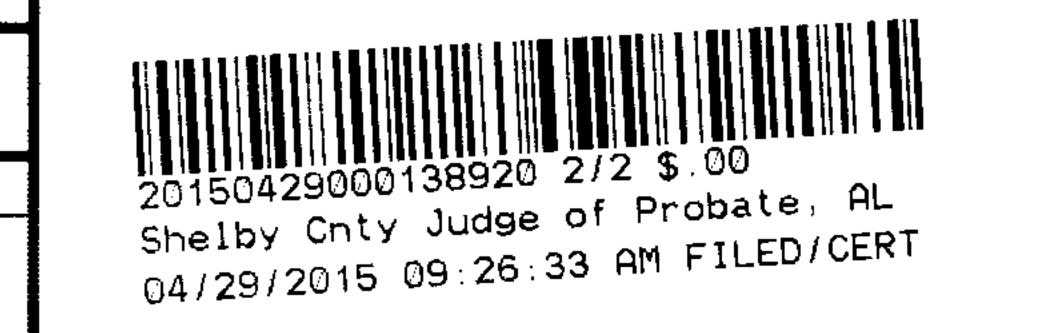
Dixon

FIRST NAME

Sam

MIDDLE NAME, SUFFIX

13. Use this space for additional information



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