

	S STATEMENT AMEN					
	ONTACT AT FILER [optional]					
Caylon Mikula 205						
	MENT TO: (Name and Address)					
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Alabama Pow						
600 18th St N						
Birmingham,	AL 35203					
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			THE ABOVE SPACE IS FO	OR FILING OFFICE US	E ONLY	
a. INITIAL FINANCING STAT		ΛοΛ		s FINANCING STATEMEN		
	20100517000154	U8U	1 I I		for record) (or recorded) in the ATE RECORDS.	
TERMINATION: Eff	ectiveness of the Financing Statement iden	ntified above is terminated with respect to se	nated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.			
	Effectiveness of the Financing Statement i ional period provided by applicable law.	identified above with respect to security into	erest(s) of the Secured Party auth	orizing this Continuation S	Statement is	
ASSIGNMENT (full o	or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c:	and also give name of assignor in	item 9.	<b>.</b>	
AMENDMENT (PARTY	INFORMATION): This Amendment at	ffects Debtor or Secured Party of	record. Check only one of these	two boxes.		
•	ving three boxes and provide appropriate in					
CHANGE name and/or	address: Give current record name in item	6a or 6b; also give new	ame: Give record name Al	DD name: Complete item 7	7a or 7b, and also	
name (if name change)  CURRENT RECORD INF	in item 7a or 7b and/or new address (if add	dress change) in item 7c to be delet	ed in item 6a or 6bite	m 7c; also complete items	7d-7g (if applicabl	
6a. ORGANIZATION'S N			· · · · · · · · · · · · · · · · · · ·	<del></del>		
R 6b. INDIVIDUAL'S LAST	NIA NAE	EIDOT NAME	TAIDDLE	NANAE	loucew	
BAKER	NAIVIE	FIRST NAME	MIDDLE	NAME	SUFFIX	
Druce		SCOTT	H			
CHANGED (NEW) OR A	DDED INFORMATION:					
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7a. ORGANIZATION'S N						
R 7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLÉ	NAME	SUFFIX	
R	NAME	FIRST NAME ALICIA	MIDDLE P	NAME	SUFFIX	
R 7b. INDIVIDUAL'S LAST	NAME		MIDDLE P STATE	NAME POSTAL CODE	SUFFIX	
7b. INDIVIDUAL'S LAST BAKER  MAILING ADDRESS	NAME	ALICIA	P	POSTAL CODE	COUNTRY	
7b. INDIVIDUAL'S LAST BAKER  MAILING ADDRESS 517 BAYHILL		ALICIA CITY BHAM	P STATE AL	POSTAL CODE 35244	COUNTRY	
7b. INDIVIDUAL'S LAST BAKER  MAILING ADDRESS	NAME  ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR	ALICIA CITY BHAM	P STATE AL	POSTAL CODE	COUNTRY	
7b. INDIVIDUAL'S LAST BAKER  MAILING ADDRESS 517 BAYHILL  TAX ID #: SSN OR EIN	ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR	ALICIA CITY BHAM IIZATION 7f. JURISDICTION OF ORG	P STATE AL	POSTAL CODE 35244	COUNTRY	
7b. INDIVIDUAL'S LAST BAKER  MAILING ADDRESS 517 BAYHILL  TAXID#: SSN OR EIN  AMENDMENT (COLLA	ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR   TERAL CHANGE): check only one box	ALICIA CITY BHAM IIZATION 7f. JURISDICTION OF ORG	P STATE AL SANIZATION 7g. ORG	POSTAL CODE 35244	COUNTRY	
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The Individual's Last BAKER  MAILING ADDRESS 517 BAYHILL  TAXID#: SSN OR EIN  AMENDMENT (COLLA Describe collateral del	ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR    ATERAL CHANGE): check only one box eted or added, or give entire res  PARTY OF RECORD AUTHORIZING	ALICIA CITY BHAM  IIZATION 7f. JURISDICTION OF ORG  tated collateral description, or describe co	STATE AL  GANIZATION 7g. ORG  Ilateral assigned.	POSTAL CODE 35244  SANIZATIONAL ID #, if any	COUNTRY US	
The Individual's Last BAKER  The Mailing address  The Sayhill  Taxid#: San Or Ein  AMENDMENT (COLLA Describe collateral del del del del del del del del del de	ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR    ATERAL CHANGE): check only one box eted or added, or give entire research.  PARTY OF RECORD AUTHORIZING authorizing Debtor, or if this is a Termination.	ALICIA CITY BHAM IIZATION 7f. JURISDICTION OF ORG	STATE AL  GANIZATION 7g. ORG  Ilateral assigned.	POSTAL CODE 35244  SANIZATIONAL ID #, if any	COUNTRY US	
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R 7b. INDIVIDUAL'S LAST BAKER  E. MAILING ADDRESS 517 BAYHILL  E. TAX ID #: SSN OR EIN  AMENDMENT (COLLA Describe collateral del  Describe collateral del  9a. ORGANIZATION'S NA Alabama Power	ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR    ATERAL CHANGE): check only one box eted or added, or give entire research researc	ALICIA CITY BHAM  IIZATION 7f. JURISDICTION OF ORG  tated collateral description, or describe co	STATE AL  GANIZATION 7g. ORG  Ilateral assigned.	POSTAL CODE 35244  SANIZATIONAL ID #, if any orizing this Amendment.	COUNTRY US	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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OLLO	W INSTRUCTIONS (front and bac	ck) CAREFULLY	
11. INI	TIAL FINANCING STATEMENT F	ILE # (same as item 1a on Ame	ndment form)
	20100517000154080		
	ME OF PARTY AUTHORIZING	THIS AMENDMENT (same as	item 9 on Amendment form)
Al	a. ORGANIZATION'S NAME labama Power Company		
OR 121	b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information

20150507000149210 2/2 \$ 00 Shelby Cnty Judge of Probate, AL 05/07/2015 09:10:09 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY