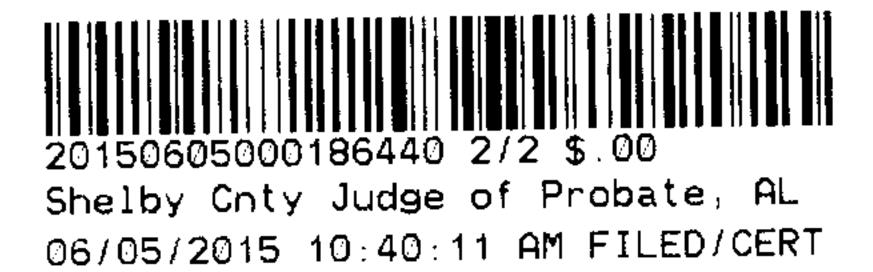


A. NAME & PHONE OF CONTACT AT FILER [optional]				
Kaylon Mikula 205-226-1402				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)		050001864	40 1/2 \$.00	
			dge of Probate, A 10:11 AM FILED/CE	
Alabama Darrian Camanana	007057	/2015 10:4	•U: II HM FILED/GE	K I
Alabama Power Company				
600 18th St N				
Birmingham, AL 35203				
	THE ABOVE S		OR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE # 20100527000168110			is FINANCING STATEMEN be filed [for record] (or reco	
		RE	AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of I	the Secured Pa	rty authorizing this Termina	tion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified ab	ove with respect to security interest(s) of the Secu	ired Party auth	orizing this Continuation S	tatement is
continued for the additional 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 give name	e of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects D	ebtor or Secured Party of record. Check onl	y <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate information in		,		
CHANGE name and/or address: Give current record name in item 6a or 6b; all	so give new TD DELETE name: Give record n		DD name: Complete item 7	
name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c to be deleted in item 6a or 6b.	ite	em 7c; also complete items	7d-7g (if applica
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	···· ·································	<u> </u>		
DE. CITCHIELTICITO ITANIL				
R Ch. INDUVIDUALIC LACT MANAGE	Tereson	Lucole	A1 A A 4 =	O. IEEE.
66. INDIVIDUAL'S LAST NAME HAWKINS	FIRST NAME	MIDDLE	NAME	SUFFIX
TIA W KINS	KATHY			
. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME	······································			
7.5. 5.15/110115110115111116				
	FIRST NAME	MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME		MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME HAWKINS	LEONARD		······································	
7b. INDIVIDUAL'S LAST NAME HAWKINS C. MAILING ADDRESS	LEONARD	STATE	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME HAWKINS c. MAILING ADDRESS 531 LAUREL WOODS TRAIL	LEONARD CITY HELENA	STATE	POSTAL CODE 35080	COUNTRY
7b. INDIVIDUAL'S LAST NAME HAWKINS c. MAILING ADDRESS	LEONARD	STATE	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME HAWKINS C. MAILING ADDRESS 531 LAUREL WOODS TRAIL H. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	LEONARD CITY HELENA	STATE	POSTAL CODE 35080	COUNTRY
7b. INDIVIDUAL'S LAST NAME HAWKINS C. MAILING ADDRESS 531 LAUREL WOODS TRAIL H. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	LEONARD CITY HELENA	STATE	POSTAL CODE 35080	COUNTRY
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM I

FOL	LOW INSTRUCTIONS (front and bad		
	INITIAL FINANCING STATEMENT F 20100527000168110		ndment form)
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)
OR	Alabama Power Company		
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY