A. NAME & PHONE OF CONTACT AT FILER [optional]  Caylon Mikula 205-226-1402  S. SEND ACKNOWLEDGMENT TO: (Name and Address)		363280 1/2 \$.00 Judge of Probate, AL	
Alabama Power Company 600 18th St N Birmingham, AL 35203		10:18:55 AM FILED/CERT	
	TUE ADOX	(E ODA OE IO EOD EU INO OEEIOE	
a. INITIAL FINANCING STATEMENT FILE # 20110118000018060		1b. This FINANCING STATEN to be filed [for record] (or	MENT AMENDMENT
TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s)	of the Secured Party authorizing this Terr	
CONTINUATION: Effectiveness of the Financing Statement identified 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 assigned in item 7c; and also give a	ame of assignor in item 0	
AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate informatio	n in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6th name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change)	o; also give new DELETE name: Give reco ange) in item 7c. to be deleted in item 6a or	· · · · · · · · · · · · · · · · · · ·	m 7a or 7b, and also ms 7d-7g (if applica
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			<u>, = = = </u>
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
RENDON	ROBIN	RAE	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			······································
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
The individual's last name  MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. MAILING ADDRESS  133 DOUGLAS DR  1. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	CITY ALABASTER		COUNTRY
MAILING ADDRESS  133 DOUGLAS DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY ALABASTER	STATE POSTAL CODE  AL 35007	COUNTRY
MAILING ADDRESS  133 DOUGLAS DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE  AL 35007  7g. ORGANIZATIONAL ID #, if a	COUNTRY
. MAILING ADDRESS  133 DOUGLAS DR  . TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE  AL 35007  7g. ORGANIZATIONAL ID #, if a	COUNTRY
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MAILING ADDRESS  133 DOUGLAS DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   restated colla	CITY ALABASTER  7f. JURISDICTION OF ORGANIZATION  Illateral description, or describe collateral ass  AMENDMENT (name of assignor, if this is an Ass	STATE POSTAL CODE AL 35007  7g. ORGANIZATIONAL ID #, if a	any COUNTRY
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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110118000018060

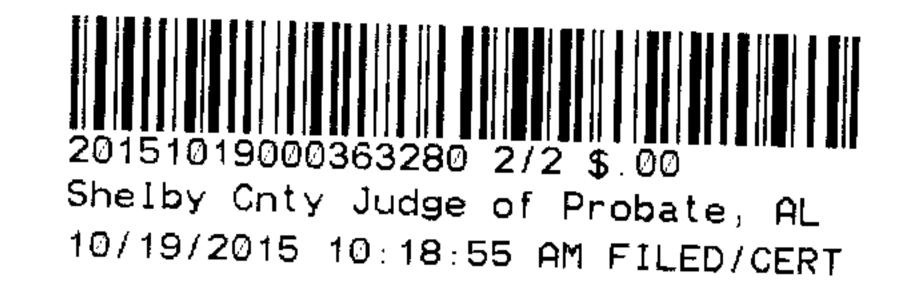
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME

\_\_ Alabama Power Company

12b. INDIVIDUAL'S LAST NAME FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY