| FIRST NAME MIDDLE NAME SUFFIX | K | C FINANCING STATEMENT AMEND LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] Lylon Mikula 205-226-1402 | | | G E | ORIG | INAL |
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| TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement 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 of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new of the following three boxes and provide appropriate information in items 6 and/or 7. CURRENT RECORD INFORMATION: CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME CHANGE ON INFORMATION: FIRST NAME DAVID S To individual's Last NAME LOWE FIRST NAME FIRST NAME NANCY MIDDLE NAME SUFFIX To individual's Last NAME GRABEN MALLING ADDRESS To individual's Last NAME GRABEN MALLING ADDRESS To individual's Last NAME GRABEN MALLING ADDRESS To individual's Last NAME GRABEN NANCY MIDDLE NAME SUFFIX To individual's Last NAME GRABEN NANCY MIDDLE NAME SUFFIX To individual's Last NAME GRABEN NANCY MALLING ADDRESS To individual's Last NAME GRABEN NANCY MALLING ADDRESS To individual's Last NAME GRABEN AL 35080 GRANIZATION ID #, if any ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only gas box. | | | | THE ABOVE SPA | ACE IS FO | OR FILING OFFICE L | JSE ONLY |
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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) 20130626000260900

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

12a. ORGANIZATION'S NAME

Alabama Power Company

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



20151019000363350 2/2 \$ 00 Shelby Cnty Judge of Probate, AL 10/19/2015 10:19:02 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY