					7	ORIGINAL	
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				· · · · · · · · · · · · · · · · · · ·	<u> </u>	OTITOTI ITTO	
A. NAME & PHONE OF C				20			
Kaylon Mikula 205							
B. SEND ACKNOWLEDG		e and Address)					
Alabama Dayyar Company							
Alabama Power Company 600 18th St N							
Birmingham, AL 35203				20151110000390100 1/2 \$.00 Shelby Cnty Judge of Probate, AL			
				11/10/2015 09:02:56 AM FILED/CERT			
				THE ABOVE SPA	CEISF	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20130329000130040					l to	is FINANCING STATEMENT be filed [for record] (or record AL ESTATE RECORDS.	
2. TERMINATION: E	fectiveness of the Fir	nancing Statement identified above is	terminated with res	pect to security interest(s) of the S			on Statement.
	Effectiveness of the	Financing Statement identified above					
4. ASSIGNMENT (full	or partial): Give nar	ne of assignee in item 7a or 7b and ac	ddress of assignee i	n item 7c; and also give name of	assignor iı	n item 9.	
): This Amendment affects Deb					
		ر السا provide appropriate information in ite					
CHANGE name and/o	r address: Give curre	ent record name in item 6a or 6b; also d/or new address (if address change)	give new [DELETE name: Give record name o be deleted in item 6a or 6b.	· A	DD name: Complete item 7a em 7c; also complete items 7	or 7b, and also d-7g (if applicable).
6. CURRENT RECORD IN		aron now addition in addition on arigor					
6a. ORGANIZATION'S	NAME						
6b. INDIVIDUAL'S LAST NAME SIMON			FIRST NAME	······································	MIDDLE NAME		SUFFIX
SHVION			ANDRAS				
7. CHANGED (NEW) OR A	· · · · · · · · · · · · · · · · · · ·	ION:					
OR 7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS		. <u> </u>	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
2823 ST PATRICK PL N			HELENA		AL	35080	US
7d. TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION		N OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	· 					NONE
8. AMENDMENT (COLL		E): check only one box.	<u></u>		<u> </u>		140142
		or give entire restated collatera	I description, or de	escribe collateral assigned.			
		ORD AUTHORIZING THIS AME or if this is a Termination authorized to					by a Debtor which
9a. ORGANIZATION'S	<u>-</u>	or ir una is a Teminauon authorized t	y a Debiol, Creck I	and enter name of DEB		ionzing una Amendment.	······································
Alabama Powe							
OR 9b. INDIVIDUAL'S LAS			FIRST NAME	······································	וממוא	E NAME	SUFFIX
SS. TOTOLOGIC S EAS			1. (1.0) [(3.0)(4)(
40 OPTIONAL FILED DESCE	CNICE DATA						
10. OPTIONAL FILER REFER	CENCE DATA						
							<u></u>

TOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130329000130040 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

20151110000390100 2/2 \$.00 Shelby Cnty Judge of Probate, AL 11/10/2015 09:02:56 AM FILED/CERT

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