| CC FINANCING STATEMENT AME OLLOW INSTRUCTIONS (front and back) CAREFULLY OLLOW INSTRUCTIONS (front and back) CAREF | | | | RICIAL |
|--|--|--|--|---|
| . SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 1/2 \$.00 e of Probate, AL | |
| | | 20160114000014790 Shelby Coty Judge | 0 1/2 \$.00 ≥ of Probate, AL | |
| Alabama Power Company | | 01/14/2016 02:37: | 22 PM FILED/CERT | |
| 600 18th St N Birmingham, AL 35203 | | | | |
| Diffingham, AL 33203 | | | | |
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| INITIAL FINIANSOING OTATELIENE (| | THE ABOVE SPACE | IS FOR FILING OFFICE | USE ONLY |
| . INITIAL FINANCING STATEMENT FILE # 201303010000 | 85540 | 1b | to be filed [for record] (o | |
| TERMINATION: Effectiveness of the Financing Statement | identified above is terminated with respect to see | | REAL ESTATE RECOR | DS. |
| TERMINATION: Effectiveness of the Financing Statement is CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law | ent identified above with respect to security inter- | est(s) of the Secured Part | ty authorizing this Continuation | rmination Statement. tion Statement is |
| To additional period provided by applicable law | Α, | | | |
| ASSIGNMENT (full or partial): Give name of assignee in its | ····· | | | |
| AMENDMENT (PARTY INFORMATION): This Amendmen Also check one of the following three boxes and provide appropriat | | ecord. Check only one of | these two boxes. | |
| CHANGE name and/or address: Give current record name in it name (if name change) in item 7a or 7b and/or new address (if | | ne: Give record name | MADD name: Complete i | tem 7a or 7h, and also |
| name (if name change) in item 7a or 7b and/or new address (if CURRENT RECORD INFORMATION: | address change) in item 7c. to be deleted | l in item 6a or 6b. | ADD name: Complete i item 7c; also complete | tems 7d-7g (if applica |
| | | | | |
| 6a. ORGANIZATION'S NAME | ······································ | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | · · · · · · · · · · · · · · · · · · · | <u> </u> |
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| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MI | DDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME MARTIN | FIRST NAME JOHNNY | MI | DDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME | | MI | DDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | MI | DDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: | | | DDLE NAME | SUFFIX |
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| 6b. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MARTIN MAILING ADDRESS | JOHNNY FIRST NAME BETTY CITY | MI C | DDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MARTIN MAILING ADDRESS 45 OLD BARN ROAD | JOHNNY FIRST NAME BETTY CITY MONTEVALLO | MI C | DDLE NAME ONNOR TATE POSTAL CODE | SUFFIX |
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| CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MARTIN MAILING ADDRESS 45 OLD BARN ROAD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one become collateral deleted or added, or give entire r | FIRST NAME BETTY CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGA box. restated collateral description, or describe collaterated col | MICC STA A NIZATION 7g. | DDLE NAME ONNOR TATE POSTAL CODE 1 35115 ORGANIZATIONAL ID #, i | COUNTRY US |
| 66. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MARTIN MAILING ADDRESS 45 OLD BARN ROAD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one because collateral deleted or added, or give entire respectively. | FIRST NAME BETTY CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGA box. restated collateral description, or describe collaterated col | MICC STA A NIZATION 7g. | DDLE NAME ONNOR TATE POSTAL CODE 1 35115 ORGANIZATIONAL ID #, i | SUFFIX COUNTRY US Tany |
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| 6b. INDIVIDUAL'S LAST NAME MARTIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MARTIN MAILING ADDRESS 45 OLD BARN ROAD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one become collateral deleted or added, or give entire recommended in the collateral or adds the authorizing Debtor, or if this is a Terminal ga. ORGANIZATION'S NAME | FIRST NAME BETTY CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGA box. restated collateral description, or describe collaterated col | MICC ST A NIZATION 7g. teral assigned. | DDLE NAME ONNOR TATE POSTAL CODE 1 35115 ORGANIZATIONAL ID #, i | COUNTRY US |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130301000085540

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

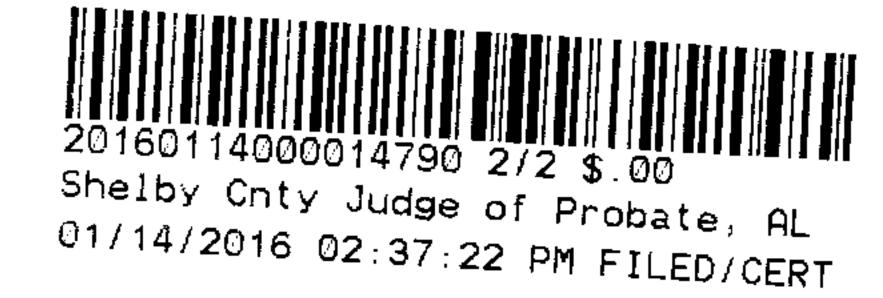
_ Alabama Power Company

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY