CC FINANCING STATEMENT AME	NDMENT		ORIGINA	
LLOW INSTRUCTIONS (front and back) CAREFULLY		1 1 1 1 1 1 1 1 1 1		
NAME & PHONE OF CONTACT AT FILER [optional]				
aylon Mikula 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)				
SEND ACKNOVILEDGIVIENT TO: (Name and Address)				
		11 0 (B 1 1 1 0) B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Alabama Power Company 600 18th St N				
Birmingham, AL 35203		20160212000046480	of Probate: AL	
		02/12/2016 02:49:59	9 PM FILED/CERT	
•				
		THE ABOVE SPACE IS F	FOR EILING OFFICE I	ISE ONLY
INITIAL FINANCING STATEMENT FILE #		1b. T	his FINANCING STATEM	ENT AMENDMENT
201101180000	18040	111	o be filed [for record] (or re REAL ESTATE RECORDS	
★ TERMINATION: Effectiveness of the Financing Statement in the Financin	identified above is terminated with respect to s	ecurity interest(s) of the Secured F	Party authorizing this Term	ination Statement.
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		iterest(s) of the Secured Party au	thorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in ite	em 7a or 7b and address of assignee in item 7	c; and also give name of assignor	in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendmen	nt affects Debtor or Secured Party	of record. Check only one of thes	se two boxes.	
Also check one of the following three boxes and provide appropria		Cive record some	ADD name: Complete ite	m 7a or 7b, and also
CHANGE name and/or address: Give current record name in in name (if name change) in item 7a or 7b and/or new address (if	if address change) in item 7c. to be del	name: Give record name eted in item 6a or 6b.	item 7c; also complete ite	ms 7d-7g (if applica
CURRENT RECORD INFORMATION:				·
6a. ORGANIZATION'S NAME				
6a. ORGANIZATION'S NAME	FIRST NAME	MIDDL	LE NAME	SUFFIX
6a. ORGANIZATION'S NAME	FIRST NAME		LE NAME BERT	SUFFIX
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH				
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH				
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	W	RO	BERT	JR
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	RO		
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH	FIRST NAME BARBARA	ROI MIDD V	BERT	JR
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS	FIRST NAME BARBARA CITY	ROI MIDD V STAT	BERT LE NAME POSTAL CODE	SUFFIX
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD	FIRST NAME BARBARA CITY MONTEVALLO	ROI MIDD V STAT AL	BERT LE NAME POSTAL CODE	SUFFIX COUNTRY US
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME BARBARA CITY MONTEVALLO	ROI MIDD V STAT AL	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	ROI MIDD V STAT AL	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTR US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTR US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTR US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTR US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTR US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of	BERT LE NAME POSTAL CODE 35115	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral deleted or added, or give entire	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION To JURISDICTION OF OR Section of the section of t	MIDD V STAT AL RGANIZATION 7g. Of	DERT TE POSTAL CODE 35115 RGANIZATIONAL ID #, if	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD I. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHORI	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of collateral assigned.	TE POSTAL CODE 35115 RGANIZATIONAL ID #, if	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral deleted or added, or give entire	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of collateral assigned.	TE POSTAL CODE 35115 RGANIZATIONAL ID #, if	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD I. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHORI adds collateral or adds the authorizing Debtor, or if this is a Term	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of collateral assigned.	TE POSTAL CODE 35115 RGANIZATIONAL ID #, if	SUFFIX COUNTRY US any
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME SMITH CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SMITH MAILING ADDRESS 4878 SPRING CREEK RD J. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one of the organization deleted or added, or give entire adds collateral deleted or deleted or give entire adds collateral or adds the authorizing Debtor, or if this is a Term 9a. ORGANIZATION'S NAME	FIRST NAME BARBARA CITY MONTEVALLO GANIZATION 7f. JURISDICTION OF O	MIDD V STAT AL RGANIZATION 7g. Of collateral assigned.	TE POSTAL CODE 35115 RGANIZATIONAL ID #, if	SUFFIX COUNTRY US any

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

20110118000018040

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

201602120000046480 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/12/2016 02:49:59 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY