CC FINANCING STATEMENT AMENDM OLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT	ORIG	INAL
A. NAME & PHONE OF CONTACT AT FILER [optional] Caylon Mikula 205-226-1402			
SEND ACKNOWLEDGMENT TO: (Name and Address)	——————————————————————————————————————		
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. INITIAL FINANCING STATEMENT FILE #	THE	ABOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATES	
20110628000188470		to be filed [for record] (or	recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security inte	REAL ESTATE RECORDS erest(s) of the Secured Party authorizing this Term	
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 assignee in item 7c; and also	give name of assignor in item 9.	
· · · · · · · · · · · · · · · · · · ·		Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6th		40 #000### DD # 0 ## 1	7
name (if name change) in item 7a or 7b and/or new address (if address change)	o; also give new DELETE name: Given ange) in item 7c. To be deleted in item		em 7a or 7b, and also ems 7d-7g (if applica
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· - ··· · ··
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6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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CHANGED (NEW) OR ADDED INFORMATION:			
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7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 306 COALES BRANCH CIR	CITY PELHAM		
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 306 COALES BRANCH CIR	CITY PELHAM	STATE POSTAL CODE AL 35124	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 306 COALES BRANCH CIR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY PELHAM	STATE POSTAL CODE AL 35124	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 306 COALES BRANCH CIR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY PELHAM 7f. JURISDICTION OF ORGANIZATI	STATE POSTAL CODE AL 35124 ION 7g. ORGANIZATIONAL ID #, if a	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) 20110628000188470 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

20160212000046560 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/12/2016 02:50:07 PM FILED/CERT

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