

/3/3		
CC FINANCING STATEMENT AM LLOW INSTRUCTIONS (front and back) CAREFULLY		
NAME & PHONE OF CONTACT AT FILER [optional]		
aylon Mikula 205-226-1402		
SEND ACKNOWLEDGMENT TO: (Name and Address	ss)	
Alabama Power Company		
600 18th St N	201 She	160323000093230 1/2 \$31.00 elby Cnty Judge of Probate, AL
Birmingham, AL 35203	03.	/23/2016 01:00:05 PM FILED/CERT
		ABOVE SPACE IS FOR FILING OFFICE USE ONLY
INITIAL FINANCING STATEMENT FILE #	· ····································	1b. This FINANCING STATEMENT AMENDMEN
20110509000	0139190	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
TERMINATION: Effectiveness of the Financing Stateme	ent identified above is terminated with respect to security int	terest(s) of the Secured Party authorizing this Termination Statement.
CONTINUATION: Effectiveness of the Financing State	ement identified above with respect to security interest(s)	of the Secured Party authorizing this Continuation Statement is
continued for the additional period provided by applicable	aw.	
ASSIGNMENT (full or partial): Give name of assignee in	in item 7a or 7b and address of assignee in item 7c; and als	so give name of assignor in item 9.
AMENDMENT (PARTY INFORMATION): This Amendr		Check only <u>one</u> of these two boxes.
Also check one of the following three boxes and provide approp		
CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address	in item 6a or 6b; also give new DELETE name: Give set (if address change) in item 7c. to be deleted in item	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	
AKA DAVID WILLIAM LEWIS		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
LEWIS	DAVID	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7b. INDIVIDUAL'S LAST NAME LEWIS	FIRST NAME ANN	MIDDLE NAME SUFFIX
LEWIS MAILING ADDRESS	ANN	M STATE POSTAL CODE COUNTRY
LEWIS MAILING ADDRESS 121 CEDAR GROVE PARKWAY	ANN CITY MAYLENE	M
LEWIS MAILING ADDRESS 121 CEDAR GROVE PARKWAY	ANN CITY MAYLENE	M STATE POSTAL CODE COUNTRY AL 35114 US
TEWIS MAILING ADDRESS 121 CEDAR GROVE PARKWAY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF CONTROL ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only organization Collateral change)	ANN CITY MAYLENE ORGANIZATION 7f. JURISDICTION OF ORGANIZATE One box.	M STATE POSTAL CODE COUNTR AL 35114 TION 7g. ORGANIZATIONAL ID #, if any
MAILING ADDRESS 121 CEDAR GROVE PARKWAY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OUR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only of Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Terminal process.	ANN CITY MAYLENE DRGANIZATION 7f. JURISDICTION OF ORGANIZAT Dane box. restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE COUNTRY AL 35114 US TION 7g. ORGANIZATIONAL ID #, if any assigned.
MAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe. In the collateral or adds the authorizing Debtor, or if this is a Teruspe.	ANN CITY MAYLENE DRGANIZATION 7f. JURISDICTION OF ORGANIZAT Dane box. restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE COUNTRY AL 35114 US TION 7g. ORGANIZATIONAL ID #, if any assigned.
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF CORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only go Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Ter 9a. ORGANIZATION'S NAME Alabama Power Company	ANN CITY MAYLENE ORGANIZATION 7f. JURISDICTION OF ORGANIZAT one box. restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is rmination authorized by a Debtor, check here and enter	M STATE POSTAL CODE COUNTRY AL 35114 US TION 7g. ORGANIZATIONAL ID #, if any assigned. assigned.
TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only of Describe collateral deleted or added, or give entire adds collateral or adds the authorizing Debtor, or if this is a Terest of the state o	ANN CITY MAYLENE DRGANIZATION 7f. JURISDICTION OF ORGANIZAT Dane box. restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE COUNTRY AL 35114 US TION 7g. ORGANIZATIONAL ID #, if any assigned.

20160323000093230 2/2 \$31.00 Shelby Cnty Judge of Probate, AL 03/23/2016 01:00:05 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY