

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Kaylon Mikula 205-226-1402 B. SEND ACKNOWLEDGMENT TO: (Name and Address)



2. Z TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is Continued for the additional period provided by applicable law  4. 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.  5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name of hange) in item 7a or 7b and/or new address (if address change) in item 7c.  GCURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  OR  6b. INDIVIDUAL'S LAST NAME  MICHAEL  P IRST NAME  MIDDLE NAME  MIDDLE NAME  SUFFI  GRADY  MIDDLE NAME  MIDDLE NAME  SUFFI  GRADY  MIDDLE NAME  SUFFI  S	600 18th St N Birmingham, AL 35203		ty Judge of Probate, AL 5 10:19:32 AM FILED/CER	
TERMINATION. Effectiveness of the Francing Statement searched above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement continued for the additional period provided by applicable law.    CONTINUATION. Effectiveness of the Financing Statement searched above with respect to security interest(s) of the Secured Party authorizing this Termination Statement continued for the additional period provided by applicable law.    ASSIGNMENT full or partially (Sive name of assignes in cen 7 ao or 1b and address of assignes in the 7 ft. and also give name of assignos in tiem 5.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of reach also give name of assignos in tiem 9.    COURTENT RECORD INFORMATION:   This Amendment after the party of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party of reach also give name of the secured Party		THE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
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AMENDMENT (FARTY INFORMATION): This Amendment alfacts	CONTINUATION: Effectiveness of the Financing Statement identified a			
Also check togs of the following three boxes and provide appropriate information in items 6 and/or 7.    CHANGE name and/or address. Give current record name in item 6a or 6b, and provide appropriate in the design of the following in items 4a or 7b, and from the address of address change) in feet 7c.   DELETE name. Give record name.   ADD name. Complete items 7a or 7b, and record name in item 6a or 6b.   DELETE name. Give record name.   ADD name. Complete items 7a or 7b, and record name in item 6a or 6b.   CURRENT RECORD INFORMATION.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	d address of assignee in item 7c; and also give name	of assignor in item 9.	
CITY STATE POSTAL CODE  TAXID #: SSN OR EN ADDIT NORE: 76. TYPE OF CRGANIZATION ORGANIZATION ORGANIZATION  AMENDMENT (COLLATERAL CHANGE): check only one piox  Describe collateral deleted or give entire address or piox or grander or give entire entire authorized by a Debtor, check here and enter name of DEBTOR authorizing this is an Ansendment.	AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	one of these two boxes.	
CURRENT RECORD INFORMATION:  SO ORGANIZATION'S NAME    FIRST NAME			oma — FT ADD nomo: Complete i	itom 7a or 7h, and also
Se ORGANIZATION'S NAME  OR SE INDIVIDUAL'S LAST NAME  GRADY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  REPRESENTED TO SUIT OF STALE POSTAL CODE  ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION  ORGANIZATION ORGANIZATION ORGANIZATION  ORGANIZATION  ORGANIZATION ORGANIZATION  ORGANI	CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)		item 7c; also complete	items 7d-7g (if applicab
R BD INDIVIDUAL'S LAST NAME GRADY  CHANGED (NEW) OR ADDED INFORMATION:  75. INDIVIDUAL'S LAST NAME GRADY  R BOBBI  TOT INDIVIDUAL'S LAST NAME GRADY  BOBBI  GRADY  C. MAILING ADDRESS  GRADY  GRADY  C. MAILING ADDRESS  GRADY  BOBBI  GRADY  GR	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	<u> </u>
CHANGED (NEW) OR ADDED INFORMATION:    7a ORGANIZATION'S NAME	6a. ORGANIZATION'S NAME			
CHANGED (NEW) OR ADDED INFORMATION:    7a ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUFF     7b INDIVIDUAL'S LAST NAME   BOBBI   J     7c INDIVIDUAL'S LAST NAME   BOBBI   J     8c MARLING ADDRESS   CITY   STATE   POSTAL CODE   COUNTY     16 TAXID # SSN OR EIN   ADDL INFO RE   7c. TYPE OF ORGANIZATION   ORGANIZATI	REPORT OF THE PROPERTY OF THE	FIRST NAME	MIDDLE NAME	SUFFIX
Table   Tabl		MICHAEL	P	
To individual's Last Name  GRADY  BOBBI  J  MIDDLE NAME  GRADY  STATE  POSTAL CODE  COUN  AL  35242  US  1 TAX ID # SSN OR EIN  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box  Describe collateral deleted or added or give entire restated collateral description, or describe collateral assigned  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here adds sollateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR suthorizing this Amendment.  Same of Secure Describes authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR suthorizing this Amendment.  Same of Secure Describes authorizing this Amendment.	CHANGED (NEW) OR ADDED INFORMATION:			
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CITY STATE POSTAL CODE COUNTIES.  1617 SOUTHPOINTE DR BHAM AL 35242 US  1617 SOUTHPOINTE DR BHAM AL 35242 US  1617 SON DREIN ADD'LINFO RE TO TYPE OF ORGANIZATION	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1617 SOUTHPOINTE DR  d TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g.	GRADY	BOBBI	J	
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  Alabama Power Company	MAILING ADDRESS			COUNTRY
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  Alabama Power Company	1617 SOUTHPOINTE DR	BHAM	<u></u>	
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adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  Alabama Power Company		teral description, or describe collateral assigned	ed.	
R 9b. INDIVIDUAL'S LAST NAME SUFF				
· ·	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized ORGANIZATION'S NAME	AMENDMENT (name of assignor, if this is an Assignor and enter name of [	nment). If this is an Amendment auth DEBTOR authorizing this Amendme	norized by a Debtor wh

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20110331000101450

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

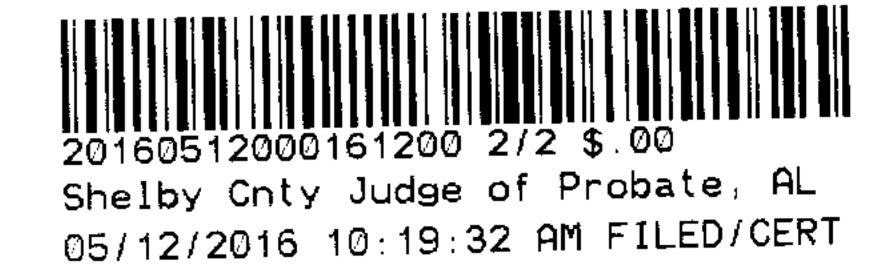
12a. ORGANIZATION'S NAME

Alabama Power Company

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