

LOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional] aylon Mikula 205-226-1402			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alahama Dayyar Campany		1020000385450 1/2 \$.00 by Cnty Judge of Probate, AL	
Alabama Power Company 600 18th St N	10/2	0/2016 09:38:17 AM FILED/CER	T
Birmingham, AL 35203			
NITIAL FINANCING STATEMENT FILE #	THEA	BOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
201107200002110)80	to be filed [for record] (or	recorded) in the
TERMINATION: Effectiveness of the Financing Statement identif	fied above is terminated with respect to security inter-	REAL ESTATE RECORD rest(s) of the Secured Party authorizing this Ter	
CONTINUATION: Effectiveness of the Financing Statement ide			
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.	
MENDMENT (PARTY INFORMATION): This Amendment affe	1	Check only one of these two boxes.	
so check <u>one</u> of the following three boxes <u>and</u> provide appropriate info		n soonaasi saasaa ahaan ah	7 7 - · ·
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address)	ess change) in item 7c. DELETE name: Give to be deleted in item		em 7a or 7b, and als lems 7d-7g (if applic
URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		······································	
Od. ONOMNIZATION STRAINE			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
THREATT	LARRY		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MALLORY	ROXIE		
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
00 KIDDS COR	VINCENT	AL 35178	US
TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZ ORGANIZATION	ATION 7f. JURISDICTION OF ORGANIZATIO	ON 7g. ORGANIZATIONAL ID #, if	any —
DEBTOR	· · · · · · · · · · · · · · · · · · ·		
MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. escribe collateral deleted or added, or give entire restat	ted collateral description, or describe collateral	assigned	
AME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is a	an Assignment). If this is an Amendment autho	rized by a Debtor wh
AME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of assignor, if this is a authorized by a Debtor, check here and enter na	an Assignment). If this is an Amendment autho ame of DEBTOR authorizing this Amendment	rízed by a Debtor wh
lds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME	THIS AMENDMENT (name of assignor, if this is a authorized by a Debtor, check here and enter na	an Assignment). If this is an Amendment autho ame of DEBTOR authorizing this Amendment	rízed by a Debtor wh
AME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME Alabama Power Company	authorized by a Debtor, check here and enter na	ame of DEBTOR authorizing this Amendment	rízed by a Debtor wh
Ids collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME Alabama Power Company	THIS AMENDMENT (name of assignor, if this is a authorized by a Debtor, check here and enter national actions of the control of	an Assignment). If this is an Amendment autho ame of DEBTOR authorizing this Amendment	rized 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) 20110720000211080 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

20161020000385450 2/2 \$.00 20161020000385450 2/2 \$.00 Shelby Cnty Judge of Probate, AL 10/20/2016 09:38:17 AM FILED/CERT

13. Use this space for additional information

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