



ORIGINAL

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Kaylon Mikula 205-226-1402                                       |  |
| B. SEND ACKNOWLEDGMENT TO (Name and Address)<br><br>Alabama Power Company<br>600 18th St N<br>Birmingham, AL 35203 |  |



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>20111003000292680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |                                                                   |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                          |                                                                   |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement 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 law.                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                          |                                                                   |
| 4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). |  |                                                                                                                                          |                                                                   |
| 6. CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                          |                                                                   |
| 6a ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                          |                                                                   |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                          |                                                                   |
| 6b INDIVIDUAL'S LAST NAME<br>GIFFIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FIRST NAME<br>MICHAEL                                                                                                                    | MIDDLE NAME<br>JOSEPH                                             |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                          |                                                                   |
| 7a ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                          |                                                                   |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                          |                                                                   |
| 7b INDIVIDUAL'S LAST NAME<br>GIFFIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FIRST NAME<br>TRACI                                                                                                                      | MIDDLE NAME<br>SUFFIX                                             |
| 7c MAILING ADDRESS<br>112 MALLARD POINTE DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CITY<br>PELHAM                                                                                                                           | STATE<br>AL                                                       |
| 7d TAX ID # SSN OR EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 7e TYPE OF ORGANIZATION<br>ADD'L INFO RE ORGANIZATION DEBTOR                                                                             | 7f JURISDICTION OF ORGANIZATION<br>7g ORGANIZATIONAL ID #, if any |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                          | <input type="checkbox"/> NONE                                     |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                          |                                                                   |

|                                                                                                                                                                                                                                                                                                                                                             |  |            |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------------|
| 9. 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 which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment |  |            |             |
| 9a ORGANIZATION'S NAME<br>Alabama Power Company                                                                                                                                                                                                                                                                                                             |  |            |             |
| OR                                                                                                                                                                                                                                                                                                                                                          |  |            |             |
| 9b INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                   |  | FIRST NAME | MIDDLE NAME |
|                                                                                                                                                                                                                                                                                                                                                             |  |            | SUFFIX      |
| 10. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                           |  |            |             |



# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

20111003000292680

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

12a. ORGANIZATION'S NAME

OR Alabama Power Company

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



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