


 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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Shelby Cnty Judge of Probate, AL  
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|  |  |                          |                                  |  |               |
|--|--|--------------------------|----------------------------------|--|---------------|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>20091009000383570  | 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"/> <b>TERMINATION:</b> 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"/> <b>CONTINUATION:</b> 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"/> <b>ASSIGNMENT</b> (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. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> 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"/> <b>CHANGE</b> 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"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c, also complete items 7d-7g (if applicable). |  |                          |                                  |  |               |
| 6. <b>CURRENT RECORD INFORMATION:</b>  |  |                          |                                  |  |               |
| 6a. ORGANIZATION'S NAME  |  |                          |                                  |  |               |
| OR   |  |                          |                                  |  |               |
| 6b. INDIVIDUAL'S LAST NAME<br>NICKLES  | FIRST NAME<br>SALLY  | MIDDLE NAME              | SUFFIX                           |  |               |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>  |  |                          |                                  |  |               |
| 7a. ORGANIZATION'S NAME  |  |                          |                                  |  |               |
| OR   |  |                          |                                  |  |               |
| 7b. INDIVIDUAL'S LAST NAME<br>NICKLES  | FIRST NAME<br>WILLIAM  | MIDDLE NAME<br>M         | SUFFIX                           |  |               |
| 7c. MAILING ADDRESS<br>50 SUNRISE CIRCLE   |  | CITY<br>WILSONVILLE      | STATE<br>AL                      | POSTAL CODE<br>35186   | COUNTRY<br>US |
| 7d. TAX ID #, SSN OR EIN   | ADD'L INFO RE ORGANIZATION DEBTOR  | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |               |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> 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 ☐ 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)

20091009000383570

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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