ICC FINANCING STATEMENT AMENDIO	VENT	A ORIGINA	
A. NAME & PHONE OF CONTACT AT FILER [optional] Kaylon Mikula 205-226-1402			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	—		
Alabama Power Company	'		
600 18th St N		20170110000009320 1/2 \$ 00	
Birmingham, AL 35203		chalby Coty Judge of Probate;	AL ERT
	•	01/10/2017 03:43:24 PM FILED/C	,LN i
a. INITIAL FINANCING STATEMENT FILE #	TI	HE ABOVE SPACE IS FOR FILING OFFIC	
20111118000350386	0	to be filed [for record]	•
. TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security	interest(s) of the Secured Party authorizing this T	
. CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	fied above with respect to security interest	(s) of the Secured Party authorizing this Continu	ation Statement is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7h and address of appiance in item 7e; and	alaa aiya aama af aasisaan in itam O	
. AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate informations		ra. Officer offiny grid of theac two boxes.	
CHANGE name and/or address: Give current record name in item 6a o name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new DELETE name: change) in item 7c. DELETE name:	Give record name ADD name: Complete item 6a or 6b. Item 7c; also complete	e item 7a or 7b, and also e items 7d-7g (if applical
CURRENT RECORD INFORMATION: [6a, ORGANIZATION'S NAME]			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HERNDON	JACOB	W	IV
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
R			
7b. INDIVIDUAL'S LAST NAME HERNDON	THERESA	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
108 KENTWOOD LANE	ALABASTER	AL 35007	US
TOO INDITED AND TOTAL	ION 75 HUBISDICTION OF ORGANIZ	ZATION 7g. ORGANIZATIONAL ID #	if any
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI	ION 7f. JURISDICTION OF ORGANIZ	MICH PS. CAGAMIZATIONAL ID #	, a waity
	71. JUNISDIC HON OF ORGANIZ	JON JON JONAL ID #	
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		NC
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI ORGANIZATION DEBTOR	· · · · · · · · · · · · · · · · · · ·		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	collateral description, or describe collatera	al assigned.	
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	collateral description, or describe collateral	al assigned.	horized by a Debtor whic
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated restated. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination aution.	collateral description, or describe collateral	al assigned.	horized by a Debtor whic
NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination autorized Party of Records and Power Company	collateral description, or describe collateral description or describe collateral description. It is a second or describe collateral describe coll	al assigned. is is an Assignment). If this is an Amendment autiter name of DEBTOR authorizing this Amendment.	horized by a Debtor whice
NAME OF SECURED PARTY OF RECORD AUTHORIZING THE adds collateral or adds the authorizing Debtor, or if this is a Termination autorized party of Records and added the second authorized authorized party of Records authorized	collateral description, or describe collateral	al assigned.	horized by a Debtor which

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20111118000350380 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

13. Use this space for additional information

201701100000009320 2/2 \$.00 Shelby Cnty Judge of Probate, AL 01/10/2017 03:43:24 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY