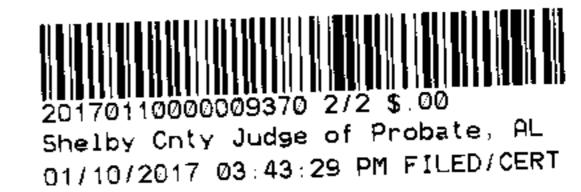


LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
ylon Mikula 205-226-1402				
SEND ACKNOWLEDGMENT TO: (Name and Address)			<b></b>	
Alahama Dawar Commons		100000009370 1/	KATÎ DÎN HILINI I	<b>I</b> II
Alabama Power Company 600 18th St N	Shelby	'Cnty Judge of	Probate OF	
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	THE ABOVE S	SPACE IS FOR FILI	NG OFFICE USE	EONLY
NITIAL FINANCING STATEMENT FILE# 20130508000191700	<u></u>		ICING STATEMENT for record] (or reco	
	_ 4	REAL EST	ATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is CONTINUATION: Effectiveness of the Financing Statement identified about 10 continues to the Financing Statement identified above 10 continues to the	···· <u>·····</u>			
continued for the additional period provided by applicable law.				
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	e of assignor in item 9.		
MENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check onl	y <u>one</u> of these two box	es.	
lso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i				
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record not be deleted in item 6a or 6b.		e: Complete item 7: Iso complete items	
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
6b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
SUAREZ	GEORGE	H		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
SUAREZ	KRISTIN	M		
MAILING ADDRESS	CITY		AL CODE	COUNTR
49 KING JAMES CT	ALABASTER	AL 350		US
TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR   1	7f. JURISDICTION OF ORGANIZATION	//g. ORGANIZA1	IONAL ID #, if any	П
MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.				
IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assignor, if this is an Assign	ment). If this is an Am	endment authorized	by a Debtor v
dds collateral or adds the authorizing Debtor, or if this is a Termination authorized				,
9a. ORGANIZATION'S NAME				
9a. ORGANIZATION'S NAME				
	FIRST NAME	MIDDLE NAME		SUFFIX

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130508000191700 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



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