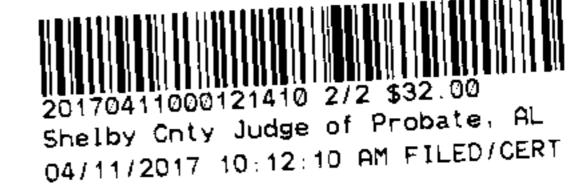
OL A. N	CC FINANCING STATEMENT AMENDME LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] Tylon Mikula 205-226-1402	NT	A ORIG	iNAL	
	SEND ACKNOWLEDGMENT TO (Name and Address) Alabama Power Company 600 18th St N Birmingham, AL 35203	She 1 04/1	0411000121410 1/2 \$ by Cnty Judge of Pr 1/2017 10:12:10 AM	FILED/CERT	ONLY
1a. l	INITIAL FINANCING STATEMENT FILE # 20120326000103950	······································	to be filed	NCING STATEMENT. [for record] (or record [ATE RECORDS.	
2.	TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security intere			n Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect to security interest(s) of t	he Secured Party authorizing	this Continuation Stat	tement is
4. T	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also g	ive name of assignor in item 9.		
5. <i>F</i>	AMENDMENT (PARTY INFORMATION): This Amendment affects				
	Also check one of the following three boxes and provide appropriate information	_			
	CHANGE name and/or address: Give current record name in item 6a or 6b: a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name. Give to be deleted in item 6	record name ADD name item 7c; a	ie Complete item 7a also complete items 7d	or 7b, and also 1-7g (if applicable
	CURRENT RECORD INFORMATION:				
	6a. ORGANIZATION'S NAME				
ar		······································	THORDIENAME		Tourse
ж	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX JR
	HALL	PHILIP	1		JA
. (CHANGED (NEW) OR ADDED INFORMATION:				
		·····			
	7a. ORGANIZATION'S NAME	····			
R		EIDST NAME	TMIDDLE NAME		TSUFFIX
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	<u> </u>	SUFFIX
	7b. INDIVIDUAL'S LAST NAME HALL	LAURA	F		
c ł	7b. INDIVIDUAL'S LAST NAME HALL MAILING ADDRESS	LAURA	F STATE POS	TAL CODE	COUNTRY
c 1	76. INDIVIDUAL'S LAST NAME HALL MAILING ADDRESS 249 KENTWOOD DR	LAURA CITY ALABASTER	F STATE POST AL 350	TAL CODE	
c ł	7b. INDIVIDUAL'S LAST NAME HALL MAILING ADDRESS	LAURA	F STATE POST AL 350	TAL CODE	COUNTRY
c ! 2	7b. INDIVIDUAL'S LAST NAME HALL MAILING ADDRESS 249 KENTWOOD DR TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	LAURA CITY ALABASTER	F STATE POST AL 350	TAL CODE	COUNTRY
c / d.	7b. INDIVIDUAL'S LAST NAME HALL MAILING ADDRESS 249 KENTWOOD DR TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY ALABASTER 7f JURISDICTION OF ORGANIZATIO	F STATE POST AL 350 N 79. ORGANIZAT	TAL CODE	COUNTRY
7c f 7d.	TALL MAILING ADDRESS 249 KENTWOOD DR TAX ID # SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added deleted	LAURA CITY ALABASTER 7f JURISDICTION OF ORGANIZATION Interal description, or describe collateral AMENDMENT (name of assignor, if this is a	F STATE POST AL 350 N 7g. ORGANIZAT assigned In Assignment). If this is an Am	TAL CODE 107 TIONAL ID #, if any nendment authorized by	COUNTRY
d. A	TALL MAILING ADDRESS 249 KENTWOOD DR TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral restated collateral deleted or added, or give entire restated collateral deleted added added	LAURA CITY ALABASTER 7f JURISDICTION OF ORGANIZATION Interal description, or describe collateral AMENDMENT (name of assignor, if this is a	F STATE POST AL 350 N 7g. ORGANIZAT assigned In Assignment). If this is an Am	TAL CODE 107 TIONAL ID #, if any this Amendment.	COUNTRY US

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120326000103950 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



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY