CC FINANCING STATEMENTA		A ORIGINAL	
NAME & PHONE OF CONTACT AT FILER [options and back) CAREFU (aylon Mikula 205-226-1402). SEND ACKNOWLEDGMENT TO: (Name and Add Alabama Power Company 600 18th St N	al]		
Birmingham, AL 35203	S	0170411000121500 1/2 \$.00 helby Cnty Judge of Probate: AL 4/11/2017 10:12:19 AM FILED/CERT	
a. INITIAL FINANCING STATEMENT FILE #	5000076490	HE ABOVE SPACE IS FOR FILING OFFICE  1b. This FINANCING STATE  to be filed [for record] (or second)	MENT AMENDMEN
	tement identified above is terminated with respect to security	REAL ESTATE RECORDS	S
AMENDMENT (PARTY INFORMATION): This Ame Also check one of the following three boxes and provide ap CHANGE name and/or address: Give current record nat name (if name change) in item 7a or 7b and/or new add CURRENT RECORD INFORMATION:	ame in item 6a or 6b, also give new TDELETE name:	rd. Check only <u>one</u> of these two boxes.  Give record name	
6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Tsuffix
YOUNG	GWENDOLYN	Н	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CARLTON	J	
YOUNG		STATE POSTAL CODE	COUNTR
MAILING ADDRESS	HELENA	i l	tus
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION	HELENA	AL 35080	
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check or	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION	AL 35080 ZATION 7g. ORGANIZATIONAL ID #, if a	any
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check or	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION one box.	AL 35080 ZATION 7g. ORGANIZATIONAL ID #, if a	any
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check or	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION one box.	AL 35080 ZATION 7g. ORGANIZATIONAL ID #, if a	any
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check or	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION one box.	AL 35080 ZATION 7g. ORGANIZATIONAL ID #, if a	any
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check or Describe collateral   deleted or   added, or give en   added   add	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION one box.	AL 35080  ZATION 7g. ORGANIZATIONAL ID #, if a same assigned assignment. If this is an Amendment author	nzed by a Debtor w
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFORE   7e. TYPE (ORGANIZATION DEBTOR)  AMENDMENT (COLLATERAL CHANGE): check or Describe collateral   deleted or   added, or give en added or give en adds collateral or adds the authorizing Debtor, or if this is a ga. ORGANIZATION'S NAME	OF ORGANIZATION  7f. JURISDICTION OF ORGANIZATION on the properties of the collateral description, or describe collateral description. The properties of the collateral description of the	AL 35080  ZATION 7g. ORGANIZATIONAL ID #, if a same assigned assignment. If this is an Amendment author	nzed by a Debtor w
MAILING ADDRESS  4206 OLD CAHABA PKWY  TAX ID #: SSN OR EIN   ADD'L INFORE   7e. TYPE ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check or Describe collateral   deleted or   added, or give en added   ad	OF ORGANIZATION  7f. JURISDICTION OF ORGANIZATION on the properties of the collateral description, or describe collateral description. The properties of the collateral description of the	AL 35080  ZATION 7g. ORGANIZATIONAL ID #, if a same assigned assignment. If this is an Amendment author	nzed by a Debtor w

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120305000076490 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a ORGANIZATION'S NAME Alabama Power Company OR IZE INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

20170411000121500 2/2 \$.00 Shelby Cnty Judge of Probate: AL 04/11/2017 10:12:19 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY