CC FINANCING STATEMENT AME LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				UNIUIN	AL
aylon Mikula 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)					
SEIND ACKNOVICEDGIVICINT TO, (Name and Address)					448
Alabama Power Company					
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Birmingham, AL 35203		07/	25/2017 03:3	9:55 PM FILED/CE	RT
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. INITIAL FINANCING STATEMENT FILE # 201305080001	THE ADO	1b. Th	to be filed [for record] (or recorded) in the		
▼ TERMINATION: Effectiveness of the Financing Statement	identified above is	terminated with respect to security interest(s		AL ESTATE RECORDS. arty authorizing this Termin	nation Statement
CONTINUATION: Effectiveness of the Financing Stateme		re with respect to security interest(s) of the	Secured Party auti	norizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in its		ddress of assignee in item 7c; and also give	name of assignor in	item 9	
AMENDMENT (PARTY INFORMATION): This Amendmen		tor or Secured Party of record. Chec		· · · · · · · · · · · · · · · · · · ·	
Also check one of the following three boxes and provide appropriate		—			
CHANGE name and/or address: Give current record name in in name (if name change) in item 7a or 7b and/or new address (if	tem 6a or 6b; also f address change)	give new DELETE name: Give rec in item 7c. to be deleted in item 6a o	ord name A	DD name: Complete item em 7c; also complete item	7a or 7b, and a is 7d-7g (if appli
CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
OWENS		DANNY	C	C	
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME				MIDDLE NAME SUFFIX	
		FIRST NAME	MIDDLE	NAME	SUFFIX
		FIRST NAME	MIDDLE	NAME	SÚFFIX
7b. INDIVIDUAL'S LAST NAME		CITY	STATE	POSTAL CODE	COUNT
76. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2469 VALE DRIVE		BIRMINGHAM	STATE	POSTAL CODE 35242	COUNTI
76. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2469 VALE DRIVE TAX ID #: SSN ÖR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION	GANIZATION	CITY	STATE	POSTAL CODE	COUNTE
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The individual's last name Mailing address 2469 VALE DRIVE Tax id #: SSN or ein Add'l info re 7e. Type of ordored or Organization Debtor AMENDMENT (COLLATERAL CHANGE): check only one Describe collateral defeted or added, or give entire Describe collateral defeted or added Orgive entire Describe collateral defeted Describe collateral Des	box. restated collatera	BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral as	STATE AL 7g. ORG	35242 SANIZATIONAL ID #, if an	US
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130508000191670 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



Shelby Cnty Judge of Probate: AL 07/25/2017 03:39:55 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY