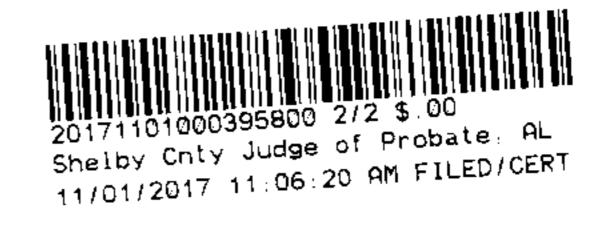
Alabama Power Company 600 18th St N Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 2010/09/2700/0316840 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 2010/09/2700/0316840 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT AMENOME CONTINUATION: Effectiveness of the Financing Statement dentified above is forminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or parall): Give name of assignee in item 7 or 70 and address of assignee in tem 7c, and also give name of assignor in item 9 MENDMENT (PARTY INFORMATION): This Amendment affects Dector or Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or parall): Give name of assignee in item 7 or 70 and address of assignee in tem 7c, and also give name of assignor in item 9 MENDMENT (PARTY INFORMATION): This Amendment affects Dector or Secured Party authorizing this Continuation Statement is continued for the additional period provided appropriate information in terms 6 and/or 7. 10-MANGE name and/or address. Give current record name in elem 6s or 6b. also give now DELETE name. Give record name ADD name. Complete item 7e or 7b, and a manging in intem 7c. or 7b and/of new address of address of address of anyley in item 7c. 10-MANGE (NEW) OR ADDED INFORMATION 75 ORGANIZATIONS NAME WOODS FIRST NAME MIDDLE NAME SUFFIX NAME MIDDLE NAME SUFFIX	NAME & PHONE OF CONTACT AT FILER [optional] onya Tarbert 205-226-1403			
She loy Cnty Judge of Probate, AL 11/01/2017 11:05:20 AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT FILE # 20100927000316840 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable faw ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9 MENDMENT (PARTY INFORMATION). This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. 50 check give of the following three boxes agis provide appropriate information in items 6 and/or 7. CIANNES man and/or address, Give current record name in intem 6s or 5b, also give name of assignor in item 9. MENDMENT (PARTY INFORMATION). This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. 50 check give of the following three boxes agis provide appropriate information in items 6 and/or 7. CIANNES man and/or address, Give current record name in intem 6s or 5b, also give name of assignor in item 9. MENDMENT (PARTY INFORMATION). This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. 50 check give of the following three boxes agis provide appropriate information in items 6 and/or 7. CIANNES man and/or address, Give current record name in item 6s or 5b, also give name of assignor in item 9. MENDMENT (PARTY INFORMATION). 50 CRGANIZATION NAME 60 INDIVIDUAL'S LAST NAME 61 INDIVIDUAL'S LAST NAME 62 ORGANIZATION SNAME 63 ORGANIZATION SNAME 64 INDIVIDUAL'S LAST NAME 65 INDIVIDUAL'S LAST NAME 66 INDIVIDUAL'S LAST NAME 67 INDIVIDUAL'S LAST NAME 68 INDIVIDUAL'S LAST NAME 69 ORGANIZATION SNAME 60 INDIVIDUAL'S LAST NAME 60 INDIVIDUAL'S LAST NAME 60 INDIVIDUAL'S LAST NAME 60 INDIVIDUAL'S LAST NAME 61 INDIVIDUAL'S LAST NAME 62 ORGANIZATION SNAME	SEND ACKNOWLEDGMENT TO: (Name and Address)			
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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) 20100927000316840 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR IZD. 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