Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 Alabama Power Company 600 1 8th St N Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2015 1110000389920 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2015 1110000389920 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In the Above SPACE IS FOR FILING OFFICE USE ONLY In the Above SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 10 to self-left for record office record office of the Secured Party authorizing the Continuation Statement is continue for the additional pendo provided by applicable law ASSIGNMENT (full or partial). Give name of seasing in item 75 or 75 and additions or assignee in life for secured Party authorizing the Continuation Statement is continue for the additional pendo provided by applicable for a for secured Party of record Check ority one of these two boxes ASSIGNMENT (FORTY INFORMATION): This Amendment affects Declared Party of record Check ority one of these two boxes Associates (the following time bases and growde appropriate information in lens 8 and/or 7 CHANGE name and/or additional pendo provide appropriate information in lens 8 and/or 7 CHANGE name and/or additional pendo provide appropriate information in lens 8 and/or 7 BADD name Complete tem 7c and additional pendo provide appropriate information in lens 8 and/or 7 BADD name Complete tem 7c and additional pendo provide appropriate information in lens 8 and/or 7 BADD name Complete tem 7c and	CC FINANCING STATEMENT AMEN CLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
Alabama Power Company 600 18th St N Birmingham, AL 35203 20 180206000034880 1/2 s 0.00 Shelby Chrty Judge of Probate, AL C27/56/2018 11. 19. 41 AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL PINANCING STATEMENT FILE # 20 151110000389920 X TERMINATION. Effectiveness of the Financing Silveneuri identified above is ferminated with respect to security interest(s) of the Secured Parry authorizing that Continuation Statement additional princip privated by applicable law ASSIGNMENT (full or partial). Give name of essigne in item 7a or 7b and additions of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (Full or partial). Give name of essignee in item 7a or 7b and additions of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (Full or partial). Give name of essignee in item 7a or 7b and additions of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (Full or partial). Give name of essignee in item 7a or 7b and additions of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (Full or partial). Give name of essignee in item 7a or 7b and additions of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (Full or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assignor in item 9. AMENDMENT (FULL or partial). Give name of essignee in item 7a or 7b and additions. Give name of assigner					
600 18th St N Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20151110000389920 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20151110000389920 TERMINATION. Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partia) Give name of assignore in item 7s or 7b and address of assignore in item 7c, and also give name of assignor in item 9 AMENDMENT (PARTY INFORMATION). This Amendment afformation in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in tame change) in item 7a or 7b and address change) in the name of these two boxes has considered and the second of the configuration of the second of the second of the following three boxes agily provide appropriate information in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in name change) in item 7a or 7b and address change) in the 7c. CHANGE name and/or address. Give name of the provided propriate information in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in name change) in item 7a or 7b and address change) in item 7c. CURRENT RECORD INFORMATION. Sa ORGANIZATION'S NAME ADD name. Complete tem 7a or 7b, and in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c. CHANGE (NEW,	SEND ACKNOWLEDGMENT TO. (Name and Address)				
600 18th St N Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20151110000389920 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20151110000389920 TERMINATION. Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partia) Give name of assignore in item 7s or 7b and address of assignore in item 7c, and also give name of assignor in item 9 AMENDMENT (PARTY INFORMATION). This Amendment afformation in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in tame change) in item 7a or 7b and address change) in the name of these two boxes has considered and the second of the configuration of the second of the second of the following three boxes agily provide appropriate information in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in name change) in item 7a or 7b and address change) in the 7c. CHANGE name and/or address. Give name of the provided propriate information in items 6 and/or 7 CHANGE name and/or address. Give current record name in tem 6a or 6bt, also give new name (in name change) in item 7a or 7b and address change) in item 7c. CURRENT RECORD INFORMATION. Sa ORGANIZATION'S NAME ADD name. Complete tem 7a or 7b, and in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c, also complete tems 7a 7g (if application) in tem 7c. CHANGE (NEW,			J. 3 (8 6 6) 3 (8 (8 6 6) 1 3 2 4		
Birmingham, AL 35203 She iby Crity Judge of Probate, AL 02/06/2018 11:19:41 AM FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 20151110000389920 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS F	• •				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This Financing Statement is provided in the provi			2018020600003 Shelby Cnty 1	9480 1/2 \$.00	NE 40
INITIAL FINANCING STATEMENT FILE # 20151110000389920	Dittimignant, 110 30203		02/06/2018 11	:19:41 AM FILED/CE	AL ERT
INITIAL FINANCING STATEMENT FILE # 20151110000389920	1	1			
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 CONTINUATION: Effectiveness of the Financing Statement identified above 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 (titul 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. AMENDMENT (PARTY INFORMATION). This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Associated the following three boxes and provide appropriate information in Items 8 and/or 7 CHANGE name and/or address. Give current record name in item 6a or 6b, also give new (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE name and/or address. Give current record name in item 6a or 6b, also give new (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CHANGE NEWLY OR ADDED INFORMATION. Ga ORGANIZATIONS NAME FIRST NAME POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATIONS NAME FIRST NAME POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATIONS NAME FIRST NAME VALERIE T CITY ALABASER AL 35007 USA ALABASER AL 35007 USA AMENDMENT (COLLATERAL CHANGE): check only one box	With ENAUGUE OTATELENT OF #	} 			
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional pence provided by applicable law. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects before or Secured Party of record. Check only one of these two boxes also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Give current record name in tem 5a or 6b. also give name of language in item 7a or 7b and address of 6b. also give name or 1 to 5a or 6b. also give name o		9920		to be filed [for record] (or	recorded) in the
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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Give current record name in item 6a or 6b: also give name of name (in mame (in name) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name. Give record name ADD name. Complete item 7a or 7b, and name (in name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION. [6a. ORGANIZATION'S NAME FIRST NAME DEFFERY O					
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Decured Party of record. Check only one of these two boxes Also check one of the following three boxes and provide appropriate information in items 6 and/or 7 CHANGE name and/or address: Give current record name in item 6a or 6b: also give new intem 7a or 7b and/or new address (if address change) in item 7c. To be deleted in item 6a or 6b. Temperature of the following three boxes and provide appropriate information in items 6 and/or 7 CHANGE name and/or address: Give current record name in item 6a or 6b: also give new intem 7a or 7b and/or new address (if address change) in item 7c. To be deleted in item 6a or 6b. Temperature of 6b. Temperature o		identified above with respect to security interes	st(s) of the Secured Party	authorizing this Continuation	n Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Decured Party of record. Check only one of these two boxes Also check one of the following three boxes and provide appropriate information in items 6 and/or 7 CHANGE name and/or address: Give current record name in item 6a or 6b: also give new intem 7a or 7b and/or new address (if address change) in item 7c. To be deleted in item 6a or 6b. Temperature of the following three boxes and provide appropriate information in items 6 and/or 7 CHANGE name and/or address: Give current record name in item 6a or 6b: also give new intem 7a or 7b and/or new address (if address change) in item 7c. To be deleted in item 6a or 6b. Temperature of 6b. Temperature o	ASSIGNMENT (full or partial). Give name of assignee in item	7a or 7b and address of assignee in item 7c, an	d also give name of assig	nor in item 9.	
CHANGE name and/or address. Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION. [Sa ORGANIZATION'S NAME] 6b INDIVIDUAL'S LAST NAME FIRST NAME JEFFERY O					
Tax ID # SSN OR EIN ADDE INFORMATION Tax ID # SSN OR EIN OR ADDED INFORMATION	Also check one of the following three boxes and provide appropriate in	information in items 6 and/or 7			
GB. ORGANIZATION'S NAME GB. INDIVIDUAL'S LAST NAME POWELL CHANGED (NEW) OR ADDED INFORMATION: 70. INDIVIDUAL'S LAST NAME POWELL TO. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS CITY MAILING ADDRESS TAX ID #: SSN OR EIN ADDL INFO RE TO. TYPE OF ORGANIZATION OR AND ADDL INFO RE ORGANIZATION OR AND ADDL INFO RE ORGANIZATION OR ADDL INFO RE ORGANIZATION	CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if address).	n 6a or 6b; also give new DELETE nam to be deleted			
6b. INDIVIDUAL'S LAST NAME POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS CITY MAILING ADDRESS CITY ALABASER TAXID#: SSN OR EIN ADDILINFO RE ORGANIZATION ORGANI					<u> </u>
POWELL CHANGED (NEW) OR ADDED INFORMATION: 76. ORGANIZATION'S NAME POWELL MAILING ADDRESS CITY MAILING ADDRESS TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	Da. ORGANIZATION SINAME				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME) <u> </u>	IFIDOT MANE	Line	DDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS CITY ALABASER TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	OD. INDIVIDUAL S CAST NAME	FIRST NAME	MIL		1
To individual's last name POWELL Mailing address City ALABASER TAXID#: SSN OR EIN ADDILINFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	OD. INDIVIDUAL S CAST NAME				
POWELL MAILING ADDRESS CITY ALABASER TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR DOX AMENDMENT (COLLATERAL CHANGE): check only one box	POWELL CHANGED (NEW) OR ADDED INFORMATION:				
MAILING ADDRESS CITY ALABASER TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	POWELL CHANGED (NEW) OR ADDED INFORMATION:				
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 7f. JURISDICTION OF ORGANIZATION DEBTOR 7g. ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIO	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	JEFFERY	0	DDLE NAME	SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	JEFFERY FIRST NAME	0	DDLE NAME	SUFFIX
ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL	JEFFERY FIRST NAME VALERIE	O MIC T	· · · · · · · · · · · · · · · · · · ·	
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW	FIRST NAME VALERIE CITY ALABASER	MIE T ST.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION	FIRST NAME VALERIE CITY ALABASER	MIE T ST.	ATE POSTAL CODE L 35007	COUNTE
Describe collateral deleted or added or give entire restated collateral description, or describe collateral assigned	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTI
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTI
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTI
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTI
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1 121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTE
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	FIRST NAME VALERIE CITY ALABASER NIZATION 71 JURISDICTION OF ORGAN	MIE T ST. A IIZATION 79.	ATE POSTAL CODE L 35007	COUNTE
VAME OF SECURED PARTY OF RECORD ANTHORIZING THIS AMENDMENT (Some of accessed division on Accessed by Marine Secured States)	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW 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 res	FIRST NAME VALERIE CITY ALABASER NIZATION 7f JURISDICTION OF ORGAN x stated collateral description, or describe collate	MILE T ST. A 7g. assigned	ATE POSTAL CODE L 35007 ORGANIZATIONAL ID#, if a	COUNTRUSA
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added or give entire res	FIRST NAME VALERIE CITY ALABASER NIZATION 7/ JURISDICTION OF ORGAN x stated collateral description, or describe collate IG THIS AMENDMENT (name of assignor, if	MIE T ST. A IEZATION 7g. this is an Assignment). If	ATE POSTAL CODE L 35007 ORGANIZATIONAL ID #, if a	ized by a Debtor w
	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box describe collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added or give entire results of the collateral deleted or added deleted del	FIRST NAME VALERIE CITY ALABASER NIZATION 7/ JURISDICTION OF ORGAN x stated collateral description, or describe collate IG THIS AMENDMENT (name of assignor, if	MIE T ST. A IEZATION 7g. this is an Assignment). If	ATE POSTAL CODE L 35007 ORGANIZATIONAL ID #, if a	ized by a Debtor w
Alabama Power Company	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW 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 res NAME OF SECURED PARTY OF RECORD AUTHORIZIN adds collateral or adds the authorizing Debtor, or if this is a Terminatic 9a. ORGANIZATION'S NAME Alabama Power Company	FIRST NAME VALERIE CITY ALABASER NIZATION 7/ JURISDICTION OF ORGAN x stated collateral description, or describe collate IG THIS AMENDMENT (name of assignor, if	MIE T ST. A IEZATION 7g. this is an Assignment). If	ATE POSTAL CODE L 35007 ORGANIZATIONAL ID #, if a	COUNTR USA any
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Alabama Power Company	POWELL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME POWELL MAILING ADDRESS 1121 8TH AVE SW TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added or give entire results of the collateral or adds the authorizing Debtor, or if this is a Terminatic part or Organization or adds the authorizing Debtor, or if this is a Terminatic part or Organization's NAME Alabama Power Company	FIRST NAME VALERIE CITY ALABASER NIZATION 7f JURISDICTION OF ORGAN x stated collateral description, or describe collate in an authorized by a Debtor, check here and	MILE T ST. A INTERPRETATION 79. This is an Assignment). If enter name of DEBTOR	ATE POSTAL CODE L 35007 ORGANIZATIONAL ID #, if a authorizing this Amendment authorizing this Amendment.	COUNTR USA any

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20151110000389920 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

20180206000039480 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/06/2018 11:19:41 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY