| Α.                                       | LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                 |               |                                                                      |                           |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|---------------------------|
|                                          | onya Tarbert 205-226-1403 SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | . , ,                                                                                                                   |                                                                                 |               |                                                                      |                           |
|                                          | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                 |               |                                                                      |                           |
|                                          | Alabama Power Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                 |               |                                                                      |                           |
|                                          | 600 18th St N<br>Birmingham, AL 35203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | 2018032000000915<br>Shelby Cnty Jud                                             | 40 1/3        | 2 \$.00<br>Probate: AL                                               |                           |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         | 03/20/2018 11:2                                                                 | 9:17          | AM FILED/CERT                                                        |                           |
|                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |                                                                                 |               |                                                                      |                           |
|                                          | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | THE ABOVE SPACE                                                                 |               |                                                                      |                           |
| a. t                                     | INITIAL FINANCING STATEMENT FILE # 2012122800049795                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 50                                                                                                                      | " <br>  <b> </b>                                                                | to be         | FINANCING STATEM<br>e filed (for record) (or re<br>aL ESTATE RECORDS | ecorded) in the           |
| <u>2</u> .                               | ▼ TERMINATION: Effectiveness of the Financing Statement identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ied above is terminated with respect t                                                                                  | o security interest(s) of the Secu                                              |               | ·                                                                    |                           |
| 3. [                                     | CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | entified above with respect to securit                                                                                  | y interest(s) of the Secured Par                                                | rty autho     | orizing this Continuation                                            | n Statement is            |
| 1.                                       | ASSIGNMENT (full or partial): Give name of assignee in item 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or 7b and address of assignee in iter                                                                                   | n 7c; and also give name of assi                                                | ignor in i    | tem 9.                                                               |                           |
| 5. /                                     | AMENDMENT (PARTY INFORMATION): This Amendment affect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | cts Debtor or Secured Par                                                                                               | ty of record. Check only <u>one</u> of                                          | f these t     | wo boxes.                                                            |                           |
| <i>F</i>                                 | Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info<br>CHANGE name and/or address: Give current record name in item 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | TE name: Give record name                                                       | ☐ AD          | Diname: Complete iter                                                | m 7a or 7b, and also      |
|                                          | name (if name change) in item 7a or 7b and/or new address (if addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ess change) in item 7cto be                                                                                             | deleted in item 6a or 6b.                                                       |               | n 7c; also complete iter                                             |                           |
| •                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                 |               |                                                                      |                           |
| 6. (                                     | CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                         |                                                                                 | •             |                                                                      |                           |
|                                          | 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                 |               |                                                                      |                           |
|                                          | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST NAME  MERIDITH                                                                                                    |                                                                                 | IIDDLE I      | NAME                                                                 | SUFFIX                    |
| OR                                       | 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME BOHChen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST NAME  MERIDITH                                                                                                    |                                                                                 | IIDDLE I      | NAME                                                                 | SUFFIX                    |
| OR                                       | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         |                                                                                 |               | NAME                                                                 | SUFFIX                    |
| 7. (                                     | 6a. ORGANIZATION'S NAME  BOHCHEN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MERIDITH                                                                                                                |                                                                                 | <b>A</b> .    |                                                                      |                           |
| OR<br>7. (                               | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                 |               |                                                                      | SUFFIX                    |
| 7. (                                     | 6a. ORGANIZATION'S NAME  BOHCHEN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST NAME CITY                                                                                                         | M<br>S                                                                          | A.            | NAME<br>POSTAL CODE                                                  | SUFFIX                    |
| OR<br>7. (                               | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BOHCHO  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  971 MCALLISTER DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST NAME  CITY  CALERA                                                                                                | M<br>S                                                                          | A.  STATE AL  | POSTAL CODE                                                          | SUFFIX                    |
| 7. (<br>7c. (                            | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BOHCHEN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  971 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST NAME  CITY  CALERA                                                                                                | M<br>S                                                                          | A.  STATE AL  | NAME<br>POSTAL CODE                                                  | SUFFIX                    |
| 7c. (                                    | 6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BOHCHO  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  971 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7. TYPE OF ORGANIZATION   | FIRST NAME  CITY  CALERA                                                                                                | M<br>S                                                                          | A.  STATE AL  | POSTAL CODE                                                          | SUFFIX                    |
| 7c. (                                    | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  971 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE                                                          | SUFFIX                    |
| 7. (7. (7. (7. (7. (7. (7. (7. (7. (7. ( | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE                                                          | SUFFIX                    |
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| 7. (7c. )<br>7d.                         | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE<br>35040                                                 | SUFFIX                    |
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| OR<br>7. (C. J<br>7d.                    | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE<br>35040                                                 | SUFFIX COUNTRY USA        |
| OR<br>7. (C. J<br>7d.                    | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE<br>35040                                                 | SUFFIX COUNTRY USA        |
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| OR<br>'c. (                              | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF                                                                    | M S S A A S S A A S S S A A S S S S A A S S S S S S S S S S S S S S S S S S S S | A.  STATE AL  | POSTAL CODE<br>35040                                                 | SUFFIX                    |
| CR (c. )                                 | 6a. ORGANIZATION'S NAME  BOHCHEN  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   restated or   added, or give entire   restated or   added   or give entire   restated   deleted or   added   or give entire     restated     restated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST NAME  CITY  CALERA  ATION  7f. JURISDICTION OF  ed collateral description, or describ                             | ORGANIZATION 7.                                                                 | AL<br>g. ORGA | POSTAL CODE 35040 ANIZATIONAL ID#, if a                              | SUFFIX  COUNTRY  USA  NON |
| 7. (C) 7d.                               | 6a. ORGANIZATION'S NAME  BOHCHON  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME  CITY  CALERA  ATION 7f. JURISDICTION OF  ed collateral description, or describ  THIS AMENDMENT (name of ass | ORGANIZATION 79  e collateral assigned.                                         | IDDLE I       | POSTAL CODE 35040 ANIZATIONAL ID #, if a                             | SUFFIX  COUNTRY  USA  any |
| OR (c. )                                 | Ga. ORGANIZATION'S NAME  Bottchen  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  P71 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral   deleted or   added, or give entire   restated or   restated organization    NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination    9a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST NAME  CITY  CALERA  ATION 7f. JURISDICTION OF  ed collateral description, or describ  THIS AMENDMENT (name of ass | ORGANIZATION 79  e collateral assigned.                                         | IDDLE I       | POSTAL CODE 35040 ANIZATIONAL ID #, if a                             | SUFFIX  COUNTRY  USA  any |
| OR (c. ) (d. )                           | Ga. ORGANIZATION'S NAME  Bottchen  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  971 MCALLISTER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box pescribe collateral   deleted or   added, or give entire   restated organization   restated org | FIRST NAME  CITY  CALERA  ATION 7f. JURISDICTION OF  ed collateral description, or describ  THIS AMENDMENT (name of ass | ORGANIZATION 79  e collateral assigned.                                         | IDDLE I       | POSTAL CODE 35040 ANIZATIONAL ID#, if a                              | SUFFIX  COUNTRY  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) 20121228000497950 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

201803200000091540 2/2 \$.00 Shelby Cnty Judge of Probate: AL 03/20/2018 11:29:17 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY