ALABAMA POWER ATTN: TREY CATON 724 COMMERCE DR. ALEXANDER CITY, AL 35010  20 110118000350390  THE ABOVE SPACE IS FOR FILLED (CERT OF PRODATE STATEMENT FILE 2  20 11118000350390  THE ABOVE SPACE IS FOR FILLED (CERT OF REAL STATE, RECORD)  TO CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement accordinated for the additional points provided by application law.  ASSIGNMENT (full or partial): Ohe name of assignee in item 7 ac or 7 is and address of assignee in tem 7/c, and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or 18 secured Party or record name of assigner in item 9.  AMENDMENT (Vall or partial): Ohe name of assignee in item 7 ac or 7 is and address of assignee in tem 7/c, and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party or record name of assigner in item 9.  AMENDMENT (Vall or partial): Ohe name of assignee in item 7 ac or 7 is and address of assignee in tem 7/c, and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party or record name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party or record name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Deleter name. Give record name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Deleter name. Give record name of assigner in item 7/c, also complete item 7/c, also complete items 7	A NAME & PHONE OF CONTACT AT FILER (optional)  3. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER ATTN: TREY CATON 724 COMMERCE DR. ALEXANDER CITY, AL 35010  Sheliny Caty Judge of Probate.  ALEXANDER CITY, AL 35010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ALEXANDER CITY, AL 35010  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  ALEXANDER CITY, AL 35010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING	CC FINANCING STATEMENT AME IN THE STATEMENT AME IN THE STRUCTIONS (front and back) CAREFULLY	ADMENI			
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ALEXANDER CITY, AL 35010    Control of Probate   Alexander   Alexa	ALEXANDER CITY, AL 35010  20180413000124073 172 \$ 00  Shelby City Judge of Probate AL 04/13/2018 12:54-52 pM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  In INITIAL FINANCING STATEMENT FILE # 20111118000350390  TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional poriod 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 assigner 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 8 and/or 7.  GIANGE mane and/or address. Give current record name in law fea or 8b, assignee in year 7c.   Debtor or 8c.   Debtor or 9c.   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 8 and/or 7.  GIANGE mane and/or address. Give current record name in law fea or 8b, assignee in ear.   Debtor or 8c.   Debtor or 8c.   Debtor or 9c.   ADD name. Complets item 7a or 7b, and.   Debtor or 9c.   Debt	ATTN: TREY CATON		63 <b>2 10 0 0 1 63 2 1</b> 1 1 1 1 <b>66 33 4 4 1 1 6 6</b> 3 4		
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  3. INITIAL FINANCING STATEMENT FILE #  2011118000350390    Ib. This FinAncing Statement Amendment in the property of the secure of the property of the secure of the financing statement identified above is terminated with respect to security interest(s) of the Secured Party authorshing this Termination Statement.   CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorshing this termination Statement.   CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorshing this termination Statement is continued for the additional period 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   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 8 and/or 7.   CHANGE name and/or address. Give current record name in item 6a or 6b, also give new   Delete Tename. Give record name   ADD name. Complete item 7a or 7b, and also name in items 6a or 6b.   Tename (if name face) in item 7c, also complete items 7a-7a, and also provide appropriate information.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  2011118000350390  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional perior 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 □ Debtor or □ Secured Party authorizing this Continuation Statement is continued for the additional perior 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 □ 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 8 and/or 7.  □ CHANGE name and/or address. Give current record name in item 6u or 6b, also give new □ DELETE name. Give record name □ ADD name. Complete item 7a or 7b, and and/or name in item 6u or 6b, also give new □ DELETE name. Give record name □ ADD name. Complete item 7a or 7b, and and/or name in item 6u or 6b, also give new □ DELETE name. Give record name □ ADD name. Complete item 7a or 7b, and name if name item 6u or 6b, also give new □ DELETE name. Give record name □ ADD name. Complete item 7a or 7b, and name if name item 6u or 6b, also give new □ DELETE name. Give record name □ ADD name. Complete item 7a or 7b, and □ Name	ALEANINDER CITT, AL 33010		chalby Coty Judge	of Probate: HL	
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	Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	HAUT  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HAUT  MAILING ADDRESS  575 MCBRAYER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one by	FIRST NAME HEATH CITY VINCENT ANIZATION 71. JURISDICTION O	MI ST A FORGANIZATION 7g	ODLE NAME  TATE POSTAL CODE  L 35178	SUFFIX
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whi		HAUT  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HAUT  MAILING ADDRESS  575 MCBRAYER DR  TAXID#: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one become collateral   deleted or   added, or give entire   record added.	FIRST NAME HEATH CITY VINCENT ANIZATION OX. estated collateral description, or description of de	FORGANIZATION 7g  be collateral assigned.	DDLE NAME  TATE POSTAL CODE  L 35178  ORGANIZATIONAL ID #, if a	SUFFIX
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whi 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.  So ORGANIZATION'S NAME	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	HAUT  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HAUT  MAILING ADDRESS  575 MCBRAYER DR  TAXID#: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one body one collateral   deleted or   added, or give entire   reduced or   re	FIRST NAME HEATH CITY VINCENT ANIZATION OX. estated collateral description, or description of de	FORGANIZATION 7g  be collateral assigned.	DDLE NAME  TATE POSTAL CODE  L 35178  ORGANIZATIONAL ID #, if a	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor white 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	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	HAUT  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  R  7b. INDIVIDUAL'S LAST NAME  HAUT  MAILING ADDRESS  575 MCBRAYER DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one by Describe collateral   deleted or   added, or give entire   not be described to a deleted or   added   not give entire   not be described to a delete   not be deleted or   added   not give entire   not be deleted   not be	ROBIN  FIRST NAME HEATH CITY VINCENT  ANIZATION  7f. JURISDICTION O  OX.  estated collateral description, or description, or description authorized by a Debtor, check here	FORGANIZATION 7g  be collateral assigned.	ODLE NAME  TATE POSTAL CODE  1. 35178  ORGANIZATIONAL ID #, if a	COUNTRY  Iny  Zed by a Debtor white

UC	C FINANCING STATE	MENTAMENDME	ENT ADDENDUM
FOL.	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY	
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amer	ndment form)
	20111118000350390		
12.	NAME OF PARTY AUTHORIZING 12a, ORGANIZATION'S NAME	THIS AMENDMENT (same as i	tem 9 on Amendment form)
	ALABAMA POWER COM	PANY	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

