ALABAMA POWER ATTN: TREY CATON 724 COMMERCE DR. 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  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  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  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  The FIRMANCING STATEMENT AMENOMEN  To be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the to be filled for record of crocaded in the social properties for the Secured Party authorizing this Confirmation Statement is continued for the additional princip of provided by applicable law  ASSIGNMENT (full or partial). The Amendment affects   Debtor or   Secured Party of record . Check only one of these two boxos.  Not check one of the following three boxes and provide appropriate information in filled above with respect to security interest(s) of the Secured Party authorizes (s)	ALABAMA POWER ATTN: TREY CATON 724 COMMERCE DR. 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  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  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  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  The FIRMANCING STATEMENT AMENOMEN to be filed for record of one coordard) in the root to be defined to be determined on the filed for record of the reaction of the record of the record of the record of the reaction of the section of the Secured Party authorizing his Confinuation Statement is confinued for the additional period provided by applicable law  ASSIGNMENT (full or partial). Give name of assignce in item 7a or 7b and address of assignce in item 7a, and allow give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor or   Secured Party of record. Check only one of these two boxos.  Not check and of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in tiem 6a or 6b, also give name or 100 parts of the secured Party of record name   DELETT name. Check only one of these two boxos.  So check and of the following three boxes and provide appropriate information in films 6 and/or 7.  CHANGE name and/or address. Give current record name in tiem 6a or 6b, also give name of assignor in item 7a, or 7b, and also give name of assignor in item 7a, or 7b, and also give name of assignor in item 9a.  AMENDMENT (PARTY INFORMATION)  Get or Control of the following three boxes and provide appropriate information in films 6 and/or 7b.  DELETT (PARTY INFORMATION)  THE ABOVE SPAC	LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
ATTN: TREY CATON 724 COMMERCE DR. ALEXANDER CITY, AL 35010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE # 20120504000155630  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 period provided by applicable on the Transing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable on the Transing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable on the Ta a 70 and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (full or parial). Give name of assignoe in item 7a a 70 and address of the following three boxes and provide appropriate information in items 8 and/or 75.  ASSIGNMENT (full or parial). Give name of assignoe in item 7a a 70 and address of the following three boxes and provide appropriate information in items 8 and/or 75.  ASSIGNMENT (full or parial). Give name of assignoe in item 7a a 70 and address of the following three boxes and provide appropriate information in items 8 and/or 75.  ASSIGNMENT (full or parial). Give name of assignoe in item 7a a 70 and address of the following three boxes and provide appropriate information in items 7a.  CHANGE the full or parial. Give name of assignoe in item 7a a 70 and address of the following three boxes and provide appropriate information in items 7a.  CHANGE INDIVIDUAL'S LAST NAME  BAILEY  CHARGE TREAD MIDDLE NAME  FIRST NAM	ATTN: TREY CATON 724 COMMERCE DR. ALEXANDER CITY, AL 35010  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  20120504000155630  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 considured for the additional principle principle law.  ASSIGNMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (full or partial). Give name of assignoe in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (for name and/or address (if address disadress di	SEND ACKNOWLEDGMENT TO: (Name and Address)				
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TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable 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.  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 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 (if name change) in item 7a or 7b and/or new address (fladdress change) in item 7c.  CHANGE name and/or address. Give current record name in item 6u or 6b; also give new (if name change) in item 7a or 7b and/or new address (fladdress change) in item 7c.  CHANGE name and/or address. Give current record name in item 6u or 6b; also give new (if name 6u or 6b) item 7c, also complete items 7d-7g (fl applic CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  FIRST NAME  CHANGE (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  CHRISTOPHER  MIDDLE NAME  SUFFIX  POSTAL CODE  COUNTR  AL 35178  TALL POSTAL CODE  COUNTR  TALL BATES ROAD	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable 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.  Associated for the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name and/or address.) and/or new address (if address change) in item 7c.  CHANGE name and/or address. Give current record name in items 6a or 6b; also give new name (if name change) in item 7a or 7b and address change) in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and of record name (if name change) in item 7a or 7b and of record name (if name change) in item 7c, also complete items 7d-7g (if applications) name  FIRST NAME  BAILEY  CHANGE (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  CHRISTOPHER  CHRISTOPHER  CHRISTOPHER  AL 35178  FIRST NAME  ORGANIZATION STALL CODE  COUNTR  4A 35178  AMENDMENT (COLLATERAL CHANGE): check only one box.			h - '		
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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.  Naso check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in Item 6a or 6b; also give new new in Item 6a or 6b; also give new new in Item 6a or 6b.  CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME]  6b. INDIVIDUAL'S LAST NAME  BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME]  To INDIVIDUAL'S LAST NAME  CHRISTOPHER  MIDDLE NAME  SUFFIX  CHRISTOPHER  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNTR  AL 35178  TAX ID #: SSN OR EIN ADD'LINFO RE 76, TYPE OF ORGANIZATION  To and address of assignee in item 7c; and also give new and/or record. Check only only of these two boxes.  ASSIGNMENT (Check only only of these two boxes.  ADD name. Complete item 7a or 7b, and all item 6a or 6b.  ADD name. Complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b and or 7b, and all item 6a or 6b.  TREMT 7c; also complete item 7a or 7b and or 7b.  TREMT 7c; also complete item 7a or 7b and or 7b.  TREMT 7c; also complete item 7a or 7b a	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 the following three boxes and provide appropriate information in items 6 and/or 7.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7a or 7b and address of the following three boxes.  ANSI CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b, also give new in item 7c.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  CHANGE name. Give record name in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  CHANGE name. Give record name in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  CHANGE name. Give record name in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  ADD name. Complete item 7a or 7b, and address of 6b, also give new in item 6a or 6b.  ADD name. Complete item 7a or 7b		ove with respect to security interest(s) of the	Secured Party autho	orizing this Continuation Sta	itement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHARGEORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  TODD  CHRISTOPHER  MIDDLE NAME  SUFFIX  CHRISTOPHER  MIDDLE NAME  CHRISTOPHER  CHRISTOPHER  AL 35178  TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATIO	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if many change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if many change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7c; also complete item 7a or 7b, and altitude in item 6a or 6b.  CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME  [6b. INDIVIDUAL'S LAST NAME]  [6b. INDIVIDUAL'S LAST NAME]  [6b. INDIVIDUAL'S LAST NAME]  [7a. ORGANIZATION'S NAME]  [7b. INDIVIDUAL'S LAST NAME]  [7b. INDIVIDUAL'S LAST NAME]  [7c. INDIVIDUAL'S LAST NAME]  [7d.		address of assignee in item 7c; and also give	name of assignor in it	tem 9.	<del>.</del>
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new interm 7a or 7b and/or new address (if address change) in item 7a. The and/or new address (if address change) in item 7a. Or 7b and/or new address (if address change) in item 7a. Or 7b and/or new address (if address change) in item 7a. Or 7b and/or new address (if address change) in item 7a. Or 7b and/or new address (if address change) in item 7a. Or 7b and all in them 6a or 6b.  CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME]  [6b. INDIVIDUAL'S LAST NAME]  [6b. INDIVIDUAL'S LAST NAME]  [6c. ORGANIZATION'S NAME]  [6c. ORGANIZATION'S NAME]  [6c. ORGANIZATION'S NAME]  [6d. INDIVIDUAL'S LAST NAME]  [6d. INDIVIDUAL'S L	Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Give current record name in items 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address. Give current record name in items 6a or 6b; also give new to be deleted in item 6a or 6b.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  TODD  CHRISTOPHER  MIDDLE NAME  SUFFIX  CHRISTOPHER  CHRISTOPHER  AL 35178  TAX ID #: SSN OR EIN   ADDIT INFORE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.			<del></del>	_ <u></u>	
CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  To be deleted in item 6a or 6b.  CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME]  [6b. INDIVIDUAL'S LAST NAME]  [6b. INDIVIDUAL'S LAST NAME]  [7c. ORGANIZATION'S NAME]  [7c. INDIVIDUAL'S LAST NAME]  [7c. INDIVIDUA	CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name. Give record name in them 7a or 7b and/or new address (if address change) in item 7c. DELETE name. Give record name in them 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. Delete item 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. Delete item 7a or 7b, and all not be deleted in from 6a or 6b.  CHANGED INFORMATION:  [First name]  [First		<b>1</b>	k only <u>one</u> of these to	wo boxes.	
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AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	<u> </u>	6b. INDIVIDUAL'S LAST NAME BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME TODD  MAILING ADDRESS 414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	FIRST NAME CHRISTOPHER CITY VINCENT	MIDDLE N STATE AL	POSTAL CODE 35178	SUFFIX
	Describe collateral deleted or ladded, or give entire restated collateral description, or describe collateral assigned.	6b. INDIVIDUAL'S LAST NAME BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME TODD  MAILING ADDRESS 414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CHRISTOPHER CITY VINCENT	MIDDLE N STATE AL	POSTAL CODE 35178	SUFFIX
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		6b. INDIVIDUAL'S LAST NAME BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME TODD  MAILING ADDRESS 414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR   ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CHRISTOPHER CITY VINCENT 71. JURISDICTION OF ORGANIZATION	MIDDLE N STATE AL 7g. ORGA	POSTAL CODE 35178	SUFFIX
		6b. INDIVIDUAL'S LAST NAME BAILEY  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME TODD  MAILING ADDRESS 414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR   ADDRESS   ORGANIZATION DEBTOR   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION   OR	FIRST NAME CHRISTOPHER CITY VINCENT 71. JURISDICTION OF ORGANIZATION	MIDDLE N STATE AL 7g. ORGA	POSTAL CODE 35178	SUFFIX
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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.	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.	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TODD  MAILING ADDRESS 414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	FIRST NAME CHRISTOPHER CITY VINCENT 7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as	STATE AL 7g. ORGA	POSTAL CODE 35178 ANIZATIONAL ID #, if any an Amendment authorized to	SUFFIX
9a. 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	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  TODD  MAILING ADDRESS  414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized    9a. ORGANIZATION'S NAME	FIRST NAME CHRISTOPHER CITY VINCENT 7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral as	STATE AL 7g. ORGA	POSTAL CODE 35178 ANIZATIONAL ID #, if any an Amendment authorized to	SUFFIX
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	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  TODD  MAILING ADDRESS  414 BATES ROAD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collate    NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized    9a. ORGANIZATION'S NAME   ALABAMA POWER COMPANY	FIRST NAME CHRISTOPHER CITY VINCENT 7f. JURISDICTION OF ORGANIZATION  Trail description, or describe collateral as  SENDMENT (name of assignor, if this is an Astroname and enter name)	STATE AL 7g. ORGA	POSTAL CODE 35178 ANIZATIONAL ID #, if any an Amendment authorized to	SUFFIX COUNTR

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20120504000155630 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

20180413000124080 2/2 \$32.00 Shelby Cnty Judge of Probate, AL 04/13/2018 12:54:53 PM FILED/CERT

13. Use this space for additional information

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