ALBBARNA PHONE OF CONTACT AT FILER (optional) Type Tarbert 205-226-1403  END ACKNOWLEDGMENT TO: (Name and Address)  Alabama Power Company 600 18th St N  Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE 9  20130118000026050  TERMINATION: Effectiveness of the Financing Statement identified above vib respect to security interestly) of the Secured Party authorizing this Termination Statement.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interestly) of the Secured Party authorizing this Termination Statement.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interestly) of the Secured Party authorizing this Continuation Statement.  ASSIGNMENT (full or partiat): 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.  MENDMENT (PARTY INFORMATION): The Amendment affects   Debtor or   Secured Party of record. Check only gag of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party of record. Check only gag of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party of record. Check only gag of these two boxes.  CHANGE name and/or address. Clinic current record name in item 8a of 6b; also give new   DELETE name. Give record name   ADD name. Complete items 7a-7a, (f. aggide CURRENT RECORD INFORMATION:  CHANGE name and/or address. Clinic current record name in items 8a of 6b; also give new   DELETE name. Give record name   ADD name. Complete items 7a-7a, (f. aggide CURRENT RECORD INFORMATION:  FIRST NAME   MIDDLE NAME   SUFFIX	LLOW INSTRUCTIONS (front and back) CAREFULLY	DMENT			
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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130118000026050 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

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