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| AME OF SECURED BARTY OF RECORD AUTHORITHIC THIS AMENDIAN | ₹ (₹ | Bb INDIVIDUAL'S LAST NAME HERRON CHANGED (NEW) OR ADDED INFORMATION: 75 ORGANIZATION'S NAME MAILING ADDRESS 27 BEATRICE LANE TAX ID # SSN OR EIN ADDR. INFO RE 72 TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral deleted. | CITY MONTEVALL 71 JURISDICTION OF C | collateral assigned | STATE AL 70 OR | POSTAL CODE 35115 SANIZATIONAL ID #, # any | COUNTI |
| IAME 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 will do the 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. | ₹ (₹ ! (Z !) | CHANGED (NEW) OR ADDED INFORMATION: 78 ORGANIZATION'S NAME 76 INDIVIDUAL'S LAST NAME MAILING ADDRESS 27 BEATRICE LANE TAX ID # SSN OR EIN ADDL INFO RE 7e TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE); check only one box Describe collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added restated collateral deleted or added restated collateral added restated collateral restated collateral added restated res | CITY MONTEVALL 7/ JURISDICTION OF C | collateral assigned | STATE AL 70 OR | POSTAL CODE 35115 SANIZATIONAL ID #, # any | COUNT |
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| dds 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: 78 ORGANIZATION'S NAME MAILING ADDRESS 27 BEATRICE LANE TAX ID # SSN OR EIN ADDL INFO RE 78 TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box pescribe collateral deleted or added, or give entire restated collateral or adds the sulhorizing Debtor, or if this is a Termination authorize 90 ORGANIZATION'S NAME Alabama Power Company | CITY MONTEVALL 7/ JURISDICTION OF C | collateral assigned | STATE AL 70 OR | POSTAL CODE 35115 SANIZATIONAL ID #, # any | COUNTI |
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| 11 INI | TIAL FINANCING STATEMENT F | ILE # (same as item 1a on Amer | idment form) | | | |
| | 20091203000445890 | | | | | |
| | ME OF PARTY AUTHORIZING 1 | THIS AMENDMENT (same as it | tem 9 on Amendment form) | | | |
| 12 | 128 ORGANIZATION'S NAME | | | | | |
| Al | Alabama Power Company | | | | | |
| 12 | D INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
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| 13 Use | e this space for additional informa | tion | | | | |

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