JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Tonya Tarbert 205-226-1403 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			20181207000427730 1/2 \$.00 201812070000427730 1/2 \$.00 Shelby Cnty Judge of Probate, AL		
Alabama Power Company 600 18th St N Birmingham, AL 35203		Shelb 12/07	y Cnty Ju /2018 09:	55:37 AM FILED/CE	RT
		THE ABOVE S		R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # 201.		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
2. TERMINATION: Effectiveness of the Final	incing Statement identified above is to	erminated with respect to security interest(s) of t			tion Statement.
		with respect to security interest(s) of the Secu	ed Party auth	orizing this Continuation S	tatement is
continued for the additional period provided					
		dress of assignee in item 7c; and also give name or or Secured Party of record. Check only			· · · · · · · · · · · · · · · · · · ·
 AMENDMENT (PARTY INFORMATION): Also check <u>one</u> of the following three boxes <u>and</u> p 			One of these	two boxes.	
CHANGE name and/or address: Give current name (if name change) in item 7a or 7b and/or	t record name in item 6a or 6b; also d	ive new DELETE name: Give record n	ame 🔲 Al	DD name: Complete item 7 m 7c; also complete items	a or 7b, and also 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:	of flow dealers (it dealers of the igs) is				
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
LONG		DIANNA	S.		
7. CHANGED (NEW) OR ADDED INFORMATIO	DN:				
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
7 D. INDIVIDUAL S LAST NAIVIE		I IIIO I IIAIVIL	WIODEL		
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
144 DOCCDIDO DDIVE		CALERA	AL	35040	USA
144 ROSSBURG DRIVE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
					NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.				NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION): check only <u>one</u> box.	description, or describe collateral assign	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assign	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7 ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assign	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7 ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assign	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7 ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assign	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assignation	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assignation	ed.		NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE)): check only <u>one</u> box.	description, or describe collateral assign	.d.		NONE
ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE) Describe collateral deleted or added, or	check only one box. or give entire restated collateral	NDMENT (name of assignor, if this is an Assign	ment). If this i		
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE) Describe collateral deleted or added, or adds collateral or adds the authorizing Debtor, or	check only one box. or give entire restated collateral	NDMENT (name of assignor, if this is an Assign	ment). If this i		
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE) Describe collateral deleted or added, or adds collateral or adds the authorizing Debtor, or 9a. ORGANIZATION'S NAME	check only one box. or give entire restated collateral	NDMENT (name of assignor, if this is an Assign	ment). If this i		
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE) Describe collateral deleted or added, or added, or adds collateral or adds the authorizing Debtor, or	check only one box. or give entire restated collateral	NDMENT (name of assignor, if this is an Assign	ment). If this i	orizing this Amendment.	

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130329000129950

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME

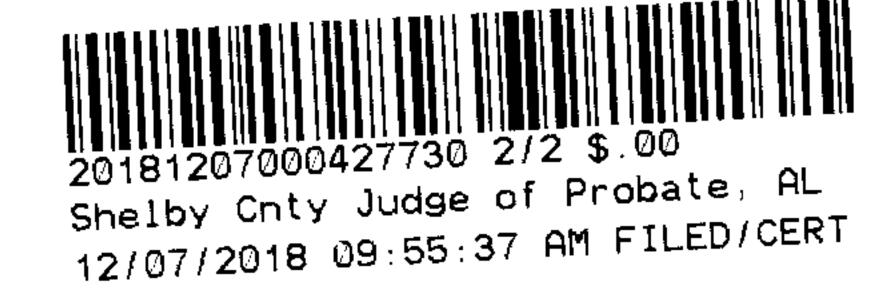
Alabama Power Company

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY