ICC FINANCING S	TATEMENTA	MENDMEN.	T					
OLLOW INSTRUCTIONS (from	nt and back) CAREFUL	LY						
A. NAME & PHONE OF CONTA Nonice Otieno 205-226-1	• '	i]						
SEND ACKNOWLEDGMEN	_	ess)						
	~		ij					
Alabama Power (600 18th St N	Company			II B I B I I I B I				
Birmingham, AL	35203							
					160000021690 Cnty Judge	-	tο. Δ1	
			1		2020 09:20:			
				THE ABOVE	SPACE IS FO	R FILING OF	FICE USE ON	NLY
. INITIAL FINANCING STATEMEN		1b. This	FINANCING ST e filed [for record L ESTATE REC	TATEMENT AM	IENDMENT is			
TERMINATION: Effective	ness of the Financing State	ment identified above is	terminated with respect	to security interest(s) of				Statement.
CONTINUATION: Effective continued for the additional process.	veness of the Financing St	tatement identified above				•		
ASSIGNMENT (full or part	ial): Give name of assigne	e in item 7a or 7b and a	ddress of assignee in ite	m 7c; and also give nar	ne of assignor in	item 9.	, , , , , = , , , , , , , , , , , , , ,	
AMENDMENT (PARTY INFO				rty of record. Check or				,
Also check one of the following th	•		•	; ;	· · · · · · · · · · · · · · · · · · ·			
CHANGE name and/or address name (if name charige) in iter	ss: Give current record nar n 7a or 7b and/or new addr	me in item 6a or 6b; also ress (if address change)	give new DELE in item 7c. to be	TE name: Give record deleted in item 6a or 6		D name: Compl n 7c; also comp		
CURRENT RECORD INFORM 6a. ORGANIZATION'S NAME		: ., -	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		•	
				•		-		•
6b. INDIVIDUAL'S LAST NAME	<u>. </u>		FIRST NAME	· :	MIDDLE	NAME		SUFFIX
Luce		<i>;</i>	Nanette		ΙΛ			
•					A .			
CHANGED (NEW) OR ADDED	1.1				A. (, .	
7a. ORGANIZATION'S NAME	1.1				A		- · · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME						NAME	· , · · · · · · · · · · · · · · · · ·	- , , , ,
7a. ORGANIZATION'S NAME						NAME		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME						NAME POSTAL COD	· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	Ε		FIRST NAME		MIDDLE	•	· · · · · · · · · · · · · · · · · · ·	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ADI	E		FIRST NAME	·	MIDDLE	POSTAL COD		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORE ORE DES	D'L INFO RE 7e. TYPE O GANIZATION BTOR	FORGANIZATION	FIRST NAME CITY Alabaster	·	MIDDLE	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGON ORGON AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGON ORGON DES	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	FORGANIZATION	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN ORGON ORGON DEE AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGON ORGON DES	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN ORGON ORGON DEE AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN ORGON ORGON DEE AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN ORGON ORGON DEE AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN ORGON ORGON DEE AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGON ORGON AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGON ORGON AMENDMENT (COLLATER)	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onl	F ORGANIZATION ly one box.	FIRST NAME CITY Alabaster 7f. JURISDICTION OF	ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007		SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN ORGODE AMENDMENT (COLLATER Describe collateral deleted	D'L INFO RE 7e. TYPE OGANIZATION BTOR AL CHANGE): check onlor added, or give ent	F ORGANIZATION ly one box. ire restated collatera	CITY Alabaster 7f. JURISDICTION OF	organization ce collateral assig	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007 ANIZATIONAL II	E #, if any	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN OR DEI AMENDMENT (COLLATER Describe collateral deleted NAME OF SECURED PAR	D'L INFO RE 7e. TYPE OGANIZATION BTOR AL CHANGE): check onlor added, or give enterprise and the complete of the complete	F ORGANIZATION by one box. ire restated collatera	CITY Alabaster 7f. JURISDICTION OF	oe collateral assig	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007 ANIZATIONAL II	E #, if any	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID #: SSN OR EIN OR DEI AMENDMENT (COLLATER Describe collateral deleted NAME OF SECURED PAR adds collateral or adds the author 9a. ORGANIZATION'S NAME	D'L INFO RE 7e. TYPE OGANIZATION BTOR AL CHANGE): check onlor added, or give entered CTY OF RECORD AUTHorizing Debtor, or if this is a	F ORGANIZATION by one box. ire restated collatera	CITY Alabaster 7f. JURISDICTION OF	oe collateral assig	MIDDLE STATE AL 7g. ORG	POSTAL COD 35007 ANIZATIONAL II	E #, if any	COUNTRY US
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL TAX ID # SSN OR EIN OR DEI AMENDMENT (COLLATER Describe collateral deleted NAME OF SECURED PAR adds collateral or adds the author 9a. ORGANIZATION'S NAME Alabama Power Core	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onlor added, or give entoring added and the state of the s	F ORGANIZATION by one box. ire restated collatera	CITY Alabaster 7f. JURISDICTION OF NDMENT (name of aster) by a Debtor, check here	oe collateral assig	MIDDLE STATE AL 7g. ORG	ANIZATIONAL II	E #, if any	SUFFIX COUNTRY US Debtor which
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 416 Meadowlark PL I. TAX ID #: SSN OR EIN OR DEI AMENDMENT (COLLATER Describe collateral deleted NAME OF SECURED PAR adds collateral or adds the author 9a. ORGANIZATION'S NAME	D'L INFO RE 7e. TYPE O GANIZATION BTOR AL CHANGE): check onlor added, or give entoring added and the state of the s	F ORGANIZATION by one box. ire restated collatera	CITY Alabaster 7f. JURISDICTION OF	oe collateral assig	MIDDLE STATE AL 7g. ORG	ANIZATIONAL II	E #, if any	COUNTRY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130201000043590

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

12a. ORGANIZATION'S NAME

Alabama Power Company

12b. INDIVIDUAL'S LAST NAME FIRST

MIDDLE NAME, SUFFIX

13. Use this space for additional information



20200116000021690 2/2 \$.00 Shelby Cnty Judge of Probate, AL 01/16/2020 09:20:24 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY