			•	-		•			-
ICC FINANCI	NG STA	TEMENT!	MENDMEN						-
OLLOW INSTRUCTION	•		:						
A. NAME & PHONE O		AT FILER [option	nal]						
am Bagwell 205-		· /Nome and Ad	ld						
"OCIAD YOMACE	DGIMEIAL LO	: (Name and Ad	idless)					••	
	Power Com	pany		-	2020050700				
600 18th S	it N m, AL 352) 13		•	2020050700 Shelby Cnt	y Judge of	Probate.	AL	•
Dummeria		.03			05/07/2020	09:18:54	AM FILED/	CERT	•
					•				
		-	<u>-</u>		THE ABOV	E SPACE IS F	OR FILING	OFFICE USE	ONLY
INITIAL FINANCING S	TATEMENT FIL :	E#2013082	3000344930	• • •	-	to	be filed [for re	STATEMENT (cord) (or record)	•
X TERMINATION:	Effectiveness o	of the Financing Sta	atement Identified above is	terminated with respec	t to security interest(s)		EAL ESTATE		n Statement.
CONTINUATION	V: Effectiveness	s of the Financing	Statement Identified above			1 - 1 - 1 - 1			: 4
continued for the a			· · · · · · · · · · · · · · · · · · ·		<u>-</u>				:
			nee in item 7a or 7b and a			في عبر السنامة المساولة			
AMENDMENT (PAF			nendment affects Deb ppropriate information in it		arty of record. Check	only <u>one</u> of these	two boxes.		:
-			ppropriate information in it name in item 6a or 6b; also idress (if address change)		ETE name: Give recor	d name	NDD name: Co	mplete item 7a	∷ or 7b. and als
CURRENT RECORD			idress (if address change)	in item 7c. to be	e deleted in item 6a or	6b. I	em 7c; also co	mplete Items 7	1-7g (if applica
6a. ORGANIZATION	<u>. </u>							<u> </u>	
		• • •			•	,			• • • • • • • • • • • • • • • • • • • •
6b. INDIVIDUAL'S LA	AST NAME			FIRST NAME		MIDDLI	NAME		SUFFIX
IULIVER'		• •		. BAIT "LIAL_I	- · ·		· • · · · ·		
	:			IVIICHAEL		Α			:
	R ADDED INFO	DRMATION:				Α			
****	SNAME	DRMATION:	• • • •	· · · ·		A :			
****	R ADDED INFO	DRMATION:							
CHANGED (NEW) OF 7a. ORGANIZATION	SNAME	DRMATION:							
CHANGED (NEW) OF 7a. ORGANIZATION	SNAME	DRMATION:		FIRST NAME JODI CITY		MIDDLI			SUFFIX
CHANGED (NEW) OF 7a. ORGANIZATION	STNAME	DRMATION:		FIRST NAME		MIDDL			SUFFIX
CHANGED (NEW) OF 7a. ORGANIZATION	STNAME	DRMATION:		FIRST NAME JODI CITY		MIDDLI			SUFFIX
CHANGED (NEW) OF 7a. ORGANIZATION	STNAME	DRMATION:		FIRST NAME JODI CITY	FORGANIZATION	MIDDLI			SUFFIX COUNTRY
CHANGED (NEW) OF Ta. ORGANIZATION' 7b. INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR E	STNAME	DRMATION:		FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 7g. OR		ODE	SUFFIX COUNTRY
CHANGED (NEW) OF Ta. ORGANIZATION' 7b. INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR E	STNAME	DRMATION:		FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 79. OR		ODE	SUFFIX COUNTRY
TAX ID #: SSN OR E	STNAME	DRMATION:		FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 79. OR		ODE	COUNTRY
TAX ID #: SSN OR E	STNAME	DRMATION:	OF ORGANIZATION only one box. restated collatera	FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 79. OR		ODE	COUNTRY
TAX ID #: SSN OR E	STNAME	DRMATION:	OF ORGANIZATION only one box. restated collatera	FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 79. OR		ODE	COUNTRY
7b. INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR E	STNAME	DRMATION:	OF ORGANIZATION only one box. ntire restated collatera	FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION	MIDDLI STATE AL 79. OR		ODE	COUNTRY
TAX ID #: SSN OR E	STNAME	DRMATION:	OF ORGANIZATION only one box. ntire restated collatera	FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION be collateral assis	MIDDLI STATE AL 79. OR		ODE	COUNTRY
TAX ID #: SSN OR E	STNAME	DRMATION:	OF ORGANIZATION only one box. ntire restated collatera	FIRST NAME JODI CITY BHAM 7f. JURISDICTION O	FORGANIZATION be collateral assis	MIDDLI STATE AL 79. OR		ODE	COUNTRY
CHANGED (NEW) OF TAL ORGANIZATION TO ADDRESS TAX ID #: SSN OR EDUCATION TO TAX ID #: SSN OR EDUC	STNAME	DRMATION:	OF ORGANIZATION only one box. ntire restated collatera	FIRST NAME JODI CITY BHAM 7f. JURISDICTION O	FORGANIZATION be collateral assis	MIDDLI STATE AL 79. OR		ODE	COUNTRY
CHANGED (NEW) OF TAL ORGANIZATION TO ADDRESS TAX ID #: SSN OR EDUCATION TO TAX ID #: SSN OR EDUC	S NAME OCT IN ADD'L INFORGANIZA DEBTOR LATERAL CH deleted or	DRMATION:	OF ORGANIZATION Inly one box. Intire restated collatera	FIRST NAME JODI CITY BHAM 7f. JURISDICTION O	FORGANIZATION be collateral assis	MIDDLI STATE AL 79. OR		ODE	COUNTRY
CHANGED (NEW) OF TALLING ADDRESS 1233 OXFORE AMENDMENT (COLD Describe collateral Talling and the colla	S NAME OCT IN ADD'L INF ORGANIZA DEBTOR LATERAL CH deleted or	PATION ANGE): check of give en	OF ORGANIZATION only one box. ntire restated collatera	FIRST NAME JODI CITY BHAM 71. JURISDICTION OF	FORGANIZATION be collateral assi	MIDDLI AL 79. OR	POSTAL C 35242 BANIZATIONA	ODE L 1D #, if any	COUNTRY
CHANGED (NEW) OF TAL ORGANIZATION TO BE TAX ID #: SSN OR ED TAX ID	S NAME OCT IN ADD'L INF ORGANIZA DEBTOR LATERAL CH deleted or	PRE 7e. TYPE ATION ANGE): check of added, or give en	OF ORGANIZATION only one box. restated collatera	FIRST NAME JODI CITY BHAM 7f. JURISDICTION OF MESCAL NDMENT (name of as a Debtor, check here.)	FORGANIZATION be collateral assi	middle State AL 79. OR gned.	POSTAL C 35242 SANIZATIONA	ODE L ID #, if any ant authorized by	COUNTRY US
CHANGED (NEW) OF TAL ORGANIZATION TO A INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR EXAMPLE COLLEGE TAX ID #: SSN OR EXAMPLE COLLEGE TAX ID #: SSN OR EXAMPLE TAX ID #: SSN O	S NAME OCT IN ADD'L INF ORGANIZA DEBTOR LATERAL CH deleted or	PRE 7e. TYPE ATION ANGE): check of added, or give en	OF ORGANIZATION only one box. restated collatera HORIZING THIS AME a Termination authorized by	FIRST NAME JODI CITY BHAM 7f. JURISDICTION OF MESCAL NDMENT (name of as a Debtor, check here.)	FORGANIZATION be collateral assi	middle State AL 79. OR gned.	POSTAL C 35242 SANIZATIONA	ODE L ID #, if any ant authorized by	SUFFIX COUNTRY US
CHANGED (NEW) OF 7a. ORGANIZATION' 7b. INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR E AMENDMENT (COL Describe collateral 9a. ORGANIZATION'S Alabama Pow	S NAME O CT IN ADD'L INFORGANIZ DEBTOR LATERAL CH deleted or S NAME rer Compan	PRE 7e. TYPE ATION ANGE): check of added, or give en	OF ORGANIZATION Inly one box. Intire restated collatera HORIZING THIS AME a Termination authorized b	FIRST NAME JODI CITY BHAM 7f. JURISDICTION OF NDMENT (name of as a part of a	FORGANIZATION be collateral assignor, if this is an Assignor and enter name of	MIDDLI AL 79. ORG	POSTAL C 35242 SANIZATIONA orizing this Am	ODE L ID #, if any ant authorized by	COUNTRY US
CHANGED (NEW) OF 7a. ORGANIZATION' 7b. INDIVIDUAL'S LA OLIVER MAILING ADDRESS 1233 OXFORE TAX ID #: SSN OR E AMENDMENT (COL Describe collateral 9a. ORGANIZATION'S Alabama Pow	S NAME O CT IN ADD'L INFORGANIZA DEBTOR LATERAL CH deleted or S NAME or Compan	PRE 7e. TYPE ATION ANGE): check of added, or give en	OF ORGANIZATION only one box. restated collatera HORIZING THIS AME a Termination authorized b	FIRST NAME JODI CITY BHAM 7f. JURISDICTION OF NDMENT (name of as a Debtor, check here.	be collateral assignor, if this is an Assignor and enter name of	MIDDLI AL 79. ORG	POSTAL C 35242 SANIZATIONA orizing this Am	ont authorized by	COUNTRY US

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20130823000344930

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

12a, ORGANIZATION'S NAME

Alabama Power Company

MIDDLE NAME, SUFFIX

13. Use this space for additional information

.



05/07/2020 09:18:54 AM FILED/CERT

.