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HC	C FINANCING STATEMENT AMENDMEN	T				
	LOW INSTRUCTIONS (front and back) CAREFULLY					
	NAME & PHONE OF CONTACT AT FILER [optional]	1				
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B. S	SEND ACKNOWLEDGMENT TO: (Name and Address)					
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	Alabama Power Company					
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2 1	TERMINATION: Effectiveness of the Financina Statement identified above is	terminated with recog	et to encidity intérést(s) of the 9			n Statement
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3.	CONTINUATION: Effectiveness of the Financing Statement identified above	e with respect to secu	rity interest(s) of the Secured	l Party authoriz	zing this Continuation Sta	tement is
· . · ·	continued for the additional period provided by applicable law.		·			- ·
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in i	tem 7c; and also give name of	assignor in ite	m 9.	
5. A	MENDMENT (PARTY INFORMATION): This Amendment affects Debt	tor or Secured F	Party of record. Check only or	ne of these two	boxes.	
•	also check one of the following three boxes and provide appropriate information in ite					
		• • • • •	LETE name: Give record name	e ADD	name: Complete item 7a	ôr 7b, and also
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name charige) in item 7a or 7b and/or new address (if address change) in	in item 7c. to b	e deleted in item 6a or 6b.	item	7c; also complete items 7c	d-7g (if applicable).
	CURRENT RECORD INFORMATION:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• •	· · · · · · · · · · · · · · · · · · ·	
	6a. ORGANIZATION'S NAME			• :		
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OR	6b. INDIVIDUAL'S LAST NAME:	FIRST NAME	:	MIDDLE NA	ME	SUFFIX
1	l'Grier	James	· · · · · · · · · · · · · · · · · · ·	S		
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7 (	CHANGED (NIEMA OR ADDED INFORMATION):			<u> </u>		
7. C	CHANGED (NEW) OR ADDED INFORMATION:					
7. C	TA ORGANIZATION'S NAME					
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7. C	7a. ORGANIZATION'S NAME	FIRST NAME		MIDDLE NA	AME:	SUFFIX
7. C	7a. ORGANIZATION'S NAME	FIRST NAME Melissa		MIDDLE NA	AME : - :	SUFFIX
	7a. ORGANIZATION'S NAME	FIRST NAME Melissa		MIDDLE NA	AME	SUFFIX
	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Grier	FIRST NAME Melissa CITY Calera		MIDDLE NA	AME: POSTAL CODE 35040	SUFFIX COUNTRY US
	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Grier	FIRST NAME  Melissa  CITY  Calera  7f. JURISDICTION C	. ,	MIDDLE NA STATE AL 7g. ORGAN	AME POSTAL CODE 35040	SUFFIX COUNTRY US
	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Grier  MAILING ADDRESS  69 Camden Lake Dr.  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	Calera 7f. JURISDICTION (	OF ORGANIZATION	AL 3	OSTAL CODE 35040 IIZATIONAL ID #, if any	SUFFIX COUNTRY US
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7c. N	TAX ID #: SSN OR EIN   ADD'L 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	Calera 7f. JURISDICTION C	OF ORGANIZATION	AL 7g. ORGAN	SECTIONAL ID#, if any	NONE
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7c. N 7d. 8: A 9: A	TANGED (NEW) OR ADDED INFORMATION:  75. INDIVIDUAL'S LAST NAME  Grier  MAILING ADDRESS  69 Camden Lake Dr.  TAX ID #: SSN OR EIN   ADD'LINFO RE   76. TYPE OF ORGANIZATION   DEBTOR.  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   restated collateral   deleted or   added, or give entire   restated collateral   restated collateral   restated collateral   deleted   added, or give entire   restated collateral   restated collateral   restated collateral   added, or give entire   restated collateral   restated collateral   restated   restated	Calera 7f. JURISDICTION Of description, or description of a Debtor, check here	of ORGANIZATION  ribe collateral assigned.  assignor, if this is an Assignme and enter name of DEE	ont): If this is an arthuriz	IZATIONAL ID #, if any and the state of the	NONE
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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) 20130719000293840 cont. 20180724000263010

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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